STARS SILICON EXPRESS AUTHORIZATION AND ACKNOWLEDGEMENT AGREEMENT

I acknowledge that Hemlock Semiconductor Operations LLC ("HSC") provides eligible employees access to the Saginaw Transit Authority Regional Services (STARS) Silicon Express transportation program as a company-sponsored benefit. Effective August 31, 2026, HSC fully subsidizes the cost of participation in the STARS Silicon Express program for eligible, approved riders.

I acknowledge that the STARS Silicon Express program is a privilege provided and fully subsidized by HSC. As a condition of participation, I agree to behave in a respectful, professional, and courteous manner while utilizing the service. I will treat fellow passengers, STARS personnel, and others with dignity and respect and will refrain from conduct that is disruptive, unsafe, threatening, harassing, discriminatory, or otherwise inconsistent with HSC's Code of Conduct and workplace expectations. I further understand that smoking, vaping, and the use of tobacco, nicotine, or vapor products are prohibited while utilizing the STARS Silicon Express service and may result in suspension or revocation of program privileges.

I understand that failure to comply with these expectations may result in the suspension or termination of my transportation privileges and may also result in corrective action under applicable Company policies.

I understand that if my employment with HSC ends for any reason, or if I become ineligible for participation, I must immediately discontinue use of the transportation privilege and return my STARS Silicon Express rider card upon request.

I understand that the STARS Silicon Express service is provided and operated by STARS and not by HSC. In consideration of my participation in and use of the transportation privilege, I hereby release, indemnify, and hold harmless HSC, its affiliates, and their officers, directors, agents, employees, and assigns from and against all claims, damages, losses, liabilities, and expenses, including reasonable attorneys' fees, arising out of or resulting from my use of the STARS Silicon Express transportation privilege.

HSC reserves the right to modify, suspend, or terminate this benefit at any time, with or without notice, subject to applicable law and business requirements.

I acknowledge that I have read and understand the program guidelines, including route information, pick-up and drop-off schedules, rider responsibilities, and administrative instructions associated with participation in the STARS Silicon Express program.

Employee Name (Print): _____

Employee Number: _____

Signature: _____ **Date:** _____