

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT
CONSOLIDATED REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID	EMPLOYER NAME Zimmer Biomet Inc.			
ADDRESS 345 E Main Street	CITY/TOWN WARSAW	STATE IN	ZIP CODE 46580	

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE	

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI):

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)
 YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

339112 - Surgical and Medical Instrument Manufacturing

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	4	2	51	3	4	1	0	1	19	0	0	0	0	0	85
First/Mid-Level Officials and Managers	63	16	776	27	61	1	2	16	342	16	37	1	0	7	1365
Professionals	50	41	711	30	180	3	1	8	469	17	113	0	4	10	1637
Technicians	27	21	379	19	10	0	1	9	168	10	6	0	1	5	656
Sales Workers	26	6	363	9	7	1	2	9	87	2	0	1	0	2	515
Administrative Support Workers	34	37	175	27	16	1	3	9	314	29	9	2	0	11	667
Craft Workers	107	5	756	23	3	2	3	3	78	2	3	1	0	2	988
Operatives	171	149	529	55	32	3	5	18	633	23	40	3	5	11	1677
Laborers and Helpers	0	0	3	0	0	0	0	1	4	0	0	1	0	0	9
Service Workers	0	1	1	1	0	0	0	0	4	0	0	0	0	0	7
CURRENT 2022 REPORTING YEAR TOTAL	482	278	3744	194	313	12	17	74	2118	99	208	9	10	48	7606
PRIOR 2021 REPORTING YEAR TOTAL	439	242	3591	187	306	11	14	63	2006	84	193	9	6	43	7194

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/12/2022 - 12/23/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION

OFS COMPANY ID
M102352

EMPLOYER NAME
Zimmer Biomet Inc.

ADDRESS

345 E Main Street

CITY/TOWN

WARSAW

STATE

IN

ZIP CODE

46580

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION

10/31/2023 2:23 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Randy Weissmann

Title of Certifying Official

Compensation Sr Manager

Email Address of Certifying Official

randy.weissmann@zimmerbiomet.com

Telephone Number of Certifying Official

317-408-4023

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING

Name of Primary POC

Becky Guttstein

Title and Employer of Primary POC

Compensation Manager
Zimmer Biomet

Email Address of Primary POC

rebecca.guttstein@zimmerbiomet.com

Telephone Number of Primary POC

937-239-3293