

**IBEW LOCAL UNION 351
WELFARE, PENSION & SURETY FUNDS**

QUICK REFERENCE GUIDE

EFFECTIVE: JANUARY 1, 2018

Important Notice: This is an outline of the principal plan provisions of the I.B.E.W. Local Union 351 Welfare, Pension and Surety Plans and is not intended to completely describe the Plan provisions. In the event of any discrepancy between this outline and the Plans, the Plan Documents shall govern. For further information, please review your Summary Plan Description or contact the office of the Administrator, I. E. Shaffer & Co., at P. O. Box 1028, Trenton, NJ 08628. Telephone 1-800-792-3666.

IBEW LOCAL UNION 351 WELFARE FUND

Effective January 1, 2018

INITIAL ELIGIBILITY

You will become initially eligible for benefits on the first day of the second month following an employment period of not more than six consecutive months during which you have been credited with at least 300 hours of service. Upon satisfying this requirement, you will remain eligible for at least three months.

If You Have 300 Hours During the Prior:	You Will Become Eligible:	And Will Remain Eligible Until At Least:
June through November	January 1	May 31
July through December	February 1	May 31
August through January	March 1	May 31
September through February	April 1	August 31
October through March	May 1	August 31
November through April	June 1	August 31
December through May	July 1	November 30
January through June	August 1	November 30
February through July	September 1	November 30
March through August	October 1	February 28 (29)
April through September	November 1	February 28 (29)
May through October	December 1	February 28 (29)

CONTINUED ELIGIBILITY AND TERMINATION

To maintain your eligibility after satisfying the initial requirement, you must have at least 300 hours of service each calendar quarter. Your eligibility will terminate on the last day of the second month following the calendar quarter during which you fail to receive credit for at least 300 hours.

If You Have Less Than 300 Hours of Credit Between:	Your Eligibility Will Terminate On:
January 1 – March 31	May 31
April 1 – June 30	August 31
July 1 – September 30	November 30
October 1 – December 31	February 28 (29)

RESERVE HOURS

Hours of service in excess of the hours required to establish and maintain eligibility will be placed in a reserve (Reserve A) and will accumulate up to a maximum of 600 hours. This reserve will be drawn upon to maintain your eligibility if you should fail to receive credit for at least 300 hours of service during a subsequent calendar quarter. You will also receive 150 service hours credited to a reserve (Reserve B) for each full calendar year that you are eligible up to a maximum of 1,200 hours. This service hour reserve will be applied to maintain your eligibility upon your retirement or death. However, reserve hours may not be utilized to maintain your eligibility following your retirement if you continue to work at the trade for a signatory or non-signatory employer in a position not requiring contributions to the Welfare Fund.

DISABILITY CREDIT

If you become disabled while eligible, you will be credited with 25 disability hours for each week that you are disabled up to a maximum of 600 hours for any one continuous period of disability.

REINSTATEMENT

Should your eligibility terminate, it will be reinstated provided you are credited with at least 300 hours of service during a calendar quarter and you are not out of employment with a contributing employer for more than 12 months. For purposes of this provision, your termination date will be either the date you terminated as an active employee or the date you terminated from self-pay continuation of coverage under COBRA. Your eligibility will reinstate on the first day of the second month following that calendar quarter during which you meet this 300 hour requirement. If you do not satisfy this reinstatement provision, you will be treated as a new employee and will be subject to the 300 hour requirement for initial eligibility outlined above.

Termination Date:	Period of Time to Work a Total of 300 Hours (Plus any Remaining Reserve Hours) To Reinstatement:
February 28 (29)	October 1 of the prior year – December 31
May 31	January 1 – March 31 of the next year
August 31	April 1 – June 30 of the next year
November 30	July 1 – September 30 of the next year

Your eligibility will reinstate on the first day of the second month following that calendar quarter during which you meet this 300 hour requirement.

If You Are Credited with Your Required 300th Hour to Reinstatement Between:	Your Eligibility Will Reinstatement On:
January 1 – March 31	May 1
April 1 – June 30	August 1
July 1 – September 30	November 1
October 1 – December 31	February 1

NON-BARGAINING EMPLOYEES

If you are a non-bargaining employee of an eligible participating employer, you will become eligible on the first day of the fourth month following your employment. Your eligibility will terminate on the last day of the month, which follows the month for which your employer last makes required contributions.

COBRA

If you fail to satisfy the above requirements and lose eligibility, you and your dependents may continue coverage under COBRA for up to 18 months (29 months if you are totally disabled). If your dependent loses eligibility due to your divorce or legal separation, or your child ceasing to satisfy the definition of an eligible dependent, they may continue coverage under COBRA for up to 36 months.

If your dependent child(ren) lose eligibility due to your death, they will remain eligible until the last day of a period of (12) months following the date of your death or to the extent that your reserve hours and service hours are sufficient to maintain your eligibility, whichever is longer. Upon completion of that period of time, they may continue coverage under COBRA for up to 36 months.

The current monthly self-pay rates for the full plan under COBRA are:

Single	\$ 1,000.00
Parent/Child(ren)	\$ 1,200.00
Family	\$ 1,500.00

RETIREE ELIGIBILITY

Following your retirement, you will be eligible for retiree benefits provided all the following requirements are satisfied:

- You have been eligible for benefits under the Welfare Fund as an active employee for at least 60 of the 80 quarters prior to your retirement.
- You have attained age 55 or are totally disabled.
- You are entitled to receive a retirement benefit from the IBEW Local Union 351 Pension Fund except if you have been eligible as a non-bargaining employee.
- You make the required contributions in the amount established by the Trustees after exhausting your accumulated Reserve Hours. If you have attained age 62, or are totally disabled, the required contribution is \$200 per month. The required contribution for early retirees under age 62 is based upon the current monthly COBRA rates. Exception - if you retire on or after April 1, 2005 and after attaining age 58, and you do not elect the lump-sum form of payment under the IBEW Local 351 Pension Plan, the required contribution will be \$200 per month after you attain age 60 rather than after you attain age 62.

If your spouse and eligible dependent children lose eligibility due to your death, they will remain eligible until the last day of a period of twelve (12) months following the date of your death or to the extent that your reserve and service hours are sufficient to maintain your eligibility, whichever is longer. Upon completion of that time period, widows(ers) of active or retired participants may continue their coverage for an indefinite period of time or until they remarry or become eligible for other group coverage at the current COBRA rates. Widows(ers) who are Medicare primary may elect to continue coverage at a cost of \$440 per month.

WAIVER OF RETIREE COVERAGE

In order to be eligible for coverage through the Welfare Fund as a retired participant, you are required to make monthly contributions in amounts established by the Trustees. Some retirees are eligible for other group health insurance coverage through the employment of their spouse or their own employment. Retirees are allowed to temporarily waive their coverage under the IBEW Local 351 Welfare Plan with a one-time opportunity to re-enter the Plan on a subsequent January 1st. During the period of time that coverage is waived, no contributions will be collected.

TYPES OF BENEFIT PLANS OFFERED BY THE WELFARE FUND

- ◆ **Life Insurance** (active employees only) – \$30,000
Life Insurance (active employees age 55 through 59 with at least 20 years pension credited service under the IBEW Local 351 Pension Plan) - \$280,000

- ◆ **Accidental Death and Dismemberment** (active employees only) – \$30,000

- ◆ **Temporary Disability Benefits** (active employees only)
 - Weekly Benefit - \$150 first 13 weeks of disability, \$250 – next 13 weeks of disability
 - Waiting Period – 7 days if due to illness; none if due to accidental injury
 - Maximum Benefit Period – 26 weeks

- ◆ **Medical** – See following pages for plan information

- ◆ **Prescription** – See following pages for plan information

- ◆ **Dental** – See following pages for plan information

- ◆ **Vision** – See following pages for plan information

- ◆ **Employee Assistance Program** - Pre-certification required for all in-patient treatment associated with mental/nervous and substance abuse treatment

- ◆ **Medicare Supplement** – Fund pays as supplement to Medicare at 100% with no deductible and no out-of-pocket maximum.

IBEW LOCAL UNION 351 WELFARE FUND
SCHEDULE OF BENEFITS

HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY PPO NETWORK
EFFECTIVE DATE: JANUARY 1, 2018

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
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ANNUAL DEDUCTIBLE

(Calendar Year)

Individual	\$0	not covered
Family	\$0	not covered

ANNUAL OUT-OF-POCKET MAXIMUM – In Network Only

(Copays, deductibles, and coinsurance count towards this out-of-pocket limit).

The annual out-of-pocket maximum for self-only coverage applies to all individuals, including those enrolled in family coverage. An individual's out-of-pocket maximum is embedded in the family's out-of-pocket maximum.

Individual	\$3,300	unlimited
Family	\$6,600	unlimited

***Medicare Eligible Plan Participants** – Fund pays as a supplement to Medicare at 100% with no deductible and out-of-pocket maximum. Please note that Medicare eligible participants (with the exception of those that are still either actively employed or the dependents of active employees) must enroll in Medicare Part A & B. The Welfare Fund will enroll these individuals in its own Medicare Part D plan.

LIFETIME MAXIMUM	unlimited	unlimited
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DOCTOR'S OFFICE VISITS

Primary Care Office Visit	100% after \$15 co-pay	not covered
Specialist Office Visit	100% after \$15 co-pay	not covered
Maternity Visits	100% after \$15 co-pay (applies to 1 st visit only)	not covered

PREVENTATIVE CARE (as defined by the Patient Protection and Affordable Care Act)

	100% coverage	not covered
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DIAGNOSTIC PROCEDURES

Laboratory	100% coverage	not covered
Radiology	100% coverage	not covered

*Out-of-network tests are not covered except for services rendered by hospital based pathologists and radiologists at in-network hospitals. In NJ, participants must use Lab Corp. of America. \$15 co-pay if performed in doctor's office.

	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
HOSPITAL CARE		
Inpatient Admission	100% coverage	not covered
Inpatient Physician Services	100% coverage	not covered
Surgery in Hospital	100% coverage	not covered
Outpatient Hospital Services	100% coverage	not covered
EMERGENCY CARE		
Emergency Room	100% after \$100 copay	100% after \$100 copay
*This copay is waived if admitted		
Ambulance	100% coverage	100% coverage
*Covers transport from point where stricken to nearest hospital that can provide treatment)		
Urgent Care Center	100% after \$15 co-pay	not covered
OUTPATIENT SURGERY		
Hospital Outpatient Surgery	100% coverage	not covered
Surgery in Ambulatory SurgiCenter	100% coverage	not covered
MENTAL HEALTH		
Office Visit	100% after \$15 co-pay	not covered
Inpatient	100% coverage	not covered
*Inpatient requires pre-certification and includes intensive outpatient and sub-acute partial hospitalization		
SUBSTANCE/ALCOHOL ABUSE		
Office Visit	100% after \$15 co-pay	not covered
Inpatient	100% coverage	not covered
*Inpatient requires pre-certification and includes intensive outpatient and sub-acute partial hospitalization		
OTHER SERVICES		
Chiropractic Care Visit	100% after \$15 co-pay	not covered
*Up to 30 visits per person per calendar year		
Home Health Care Services	100% coverage	not covered
*Maximum 120 visits per calendar year, 4 hours=1 visit, no custodial care		
Hospice Services	100% coverage	not covered
*For outpatient –maximum 120 visits per calendar year. Excludes respite care, pastoral care and counseling.		
Skilled Nursing Care		
Inpatient	100% coverage	not covered
Outpatient (at home)	100% coverage	not covered
Outpatient (at facility)	100% coverage	not covered
*Maximum 120 days per calendar year. Medical treatment only.		

IN-NETWORK

OUT-OF-NETWORK

All Other Covered Medical Services 100% coverage

not covered

Pre-Certification Requirements

All in-patient hospital stays must be pre-certified by **Horizon at 1-800-664-BLUE (2583)**. Emergency admissions must be certified within 72 hours after hospital admission. No benefits will be paid for treatment that is not pre-certified.

All in-patient treatment relative to mental/nervous and substance abuse conditions must be pre-certified by the **Employee Assistance Program at 1-800-527-0035** rather than Horizon Blue Cross Blue Shield. No benefits will be paid for treatment that is not pre-certified.

In-Network Only

The medical coverage provided under the Plan is **in-network only**. The Plan does not provide out-of-network coverage for providers who do not participate in the HORIZON PPO network. The only exception is “**emergency**” treatment rendered by an out-of-network provider with “**emergency**” defined as the sudden onset of an illness or injury where the symptoms are of such severity that the absence of immediate medical attention could reasonably result in:

- ◆ Placing the covered person's life in jeopardy, or
- ◆ Causing other serious medical consequences, or
- ◆ Causing serious impairment to bodily functions, or
- ◆ Causing serious dysfunction of any bodily organ or part.

How to Find a HORIZON Blue Cross Blue Shield of NJ Healthcare Provider

- ◆ Ask your physician, hospital, lab or other provider
- ◆ Horizon’s website at www.horizonblue.com
- ◆ Call Horizon at 1-800-810-BLUE (2583)
- ◆ Call I.E. Shaffer & Co. at 1-800-792-3666

PRESCRIPTION DRUG BENEFIT – for Actives and Non-Medicare Eligible Retirees
ENVISION RX

Retail Prescriptions*

(Mandatory generic substitution) –up to 30 day supply

Generic Drugs – \$10 co-payment

Preferred Brand Name Drugs – \$20 co-payment

Non-Preferred Brand Name Drugs – \$40 co-payment

Specialty Drugs – Preferred – 20% co-payment, max. \$50

Non-Preferred – 20% co-payment, max. \$100

100% co-payment for all brand name PPI medications including Aciphex, Nexium, Zegrid, Prevacid and Protonix

Mail Order Prescriptions*

(Mandatory generic substitution) –up to 90 day supply

Generic Drugs – \$25 co-payment

Preferred Brand Name Drugs – \$50 co-payment

Non-Preferred Brand Name Drugs – \$100 co-payment

100% co-payment for all brand name PPI medications including Aciphex, Nexium, Zegrid, Prevacid and Protonix

*After \$3,300 per person or \$6,600 per family of out-of pocket prescription expenses during a calendar year, there will be no co-payments required for the remainder of the year. If a name brand drug with a FDA approved generic is requested, the total co-pay will be the generic co-pay plus the difference in cost between the brand and generic medications. This penalty is not subject to the maximum co-pay limitations. The annual out-of-pocket maximum for self-only coverage applies to all individuals, including those enrolled in family coverage (an individual's out-of-pocket maximum is embedded in the family's out-of-pocket maximum).

PRESCRIPTION DRUG BENEFIT – for Medicare Eligible Retirees

Please call **LABOR FIRST** at 1-866-302-7770 with any questions about Medicare Part D Prescription Benefits

Retail Prescriptions

Group Medicare Part D Plan from Labor First

Maximum 30 day supply

- Generic Drugs - \$10 co-payment
- Preferred Brand Name Drugs – \$20 co-payment
- Non-Preferred Brand Name Drugs – \$40 co-payment
- Specialty Drugs – 20% co-payment, max. \$50

Maximum 90 day supply

- Generic Drugs - \$25 co-payment
- Preferred Brand Name Drugs- \$50 co-payment
- Non-Preferred Brand Name Drugs- \$100 co-payment

Mail Order Prescriptions

Group Medicare Part D Plan from Labor First

Maximum 90 day supply

- Generic Drugs – \$25 co-payment
- Preferred Brand Name Drugs – \$50 co-payment
- Non-Preferred Brand Name Drugs –\$100 co-payment

Understanding the Prescription Drug Formulary

The drug formulary utilized by the Welfare Fund is a list of medications published by the Welfare Fund's Pharmacy Benefit Managers. Medications on the list fall into one of the four categories:

Generic Drugs – An FDA approved drug, composed of virtually the same chemical formula as a brand-name drug.

Preferred Brand Name - If a generic medication is not available for your condition, your doctor may prescribe a brand-name medication. Preferred Brand Drugs have been evaluated by physicians and pharmacists at the Pharmacy Benefit Manager and are deemed to be the most cost-effective way to treat a specific condition. These are covered at a slightly higher cost to you than generic drugs but at a lesser cost than the Non-Preferred Brand Drug.

Non-Preferred Brand Drugs - In the event you require a prescription medication that is neither generic nor on the Preferred Brand Drug list, you will pay the highest out-of pocket cost for a Non-Preferred Brand Drug.

Specialty Drugs – Prescription medications that require special handling, administration or monitoring. These drugs are used to treat complex, chronic and often costly conditions such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia.

DENTAL BENEFIT

Two options, annual election effective January 1st of each year:

DELTA DENTAL:

Annual Deductible - \$50/person or \$150/family

Preventative and diagnostic services – 100% after deductible

Basic services – 80% after deductible

Major services – 50% after deductible

Orthodontia services – 50%

Annual Dental Maximum - \$2,000/family (not including orthodontia)

Lifetime Dental Orthodontia Maximum - \$1,000/person

OR

DENTAL SERVICES ORGANIZATION (DSO) dental plan under which all treatment is provided at Eastern Dental offices located in New Jersey. Features of the DSO dental plan include:

- ◆ No annual benefit maximum
- ◆ No patient paid expenses with the exception of a 24 month maximum for orthodontics of:
 - ◇ \$500 for children
 - ◇ \$1,250 for adults
- ◆ No need to submit claim forms

VISION BENEFIT

Maximum benefit payable once every calendar year

Up to \$400 per person towards eye exam and glasses/contacts combined

WELFARE FUND BENEFIT PLAN MAXIMUMS

Annual In-Network Medical Maximum Out-of-Pocket Limit-\$3,300 person/\$6,600 family
(Co-pays, deductibles and co-insurance count towards this out-of-pocket limit)

Annual Prescription Maximum Out-of-Pocket Limit - \$3,300 person/\$6,600 family
(Prescription co-pays count towards this limit)
For active employees and non-Medicare eligible retired employees only

Medical expenses exceeding \$250,000 per accident that occur while operating or riding on a motorcycle, scooter, dirt bike or all-terrain vehicle will not be covered

Home Health Care Maximum - 120 visits per calendar year, 4 hours = 1 visit, no custodial care covered

Hospice Care Maximum – 120 visits per calendar year. Excludes respite care, pastoral care and counseling

Skilled Nursing Care Maximum – 120 days per calendar year. Medical Treatment only

Hearing Aids – Unlimited benefit up to age 15. Up to \$2,000 per person every 36 months for age 15 and older

Speech Therapy Maximum – 50 visits per person per calendar year

Chiropractic Care Maximum – 30 visits per person per calendar year

Shingles Vaccine Maximum – For employees and dependents age 50 and over. Up to \$250, no co-payment

Annual Dental Maximum - \$2,000 per family

Lifetime Orthodontia Maximum - \$1,000/person

Annual DSO Dental Plan Maximum - unlimited

IBEW LOCAL UNION 351 PENSION FUND

Effective January 1, 2011

IMPORTANT TERMS

- ◆ Plan Year - January 1st to December 31st
- ◆ Credited Service
- ◆ For service after 1/1/96, 1/12th year of credit for each 100 hours of service up to a maximum of 1 year of credit for 1,200 hours.
- ◆ For service from 10/1/95 to 12/31/95, 1/12th year of credit for each 100 hours of service up to a maximum of .25 year of credit for 300 hours.
- ◆ For service prior to 10/1/95, credit is based upon provisions of prior plans 211, 439 and 592.
- ◆ Vested Service - 1 year of credit for 1,000 hours of service (no partial credit).
- ◆ Vesting - 100% after 5 years vested service if employed after 1/1/99.
- ◆ Forfeiture - occurs if prior to becoming vested you incur a period of at least 5 consecutive 1 year breaks in service, which equals or exceeds your vested service.
- ◆ Break in Service - any plan year during which you do not earn any credited service.

TYPES OF PENSION BENEFITS

- ◆ Normal Retirement – payable at age 60 with 10 years of credited service or age 62 with 5 years of participation.
- ◆ Early Retirement – payable at age 55 if vested.
- ◆ Disability Retirement – payable at any age, with Social Security Disability, and 8 years of credited service.

NORMAL RETIREMENT BENEFITS

A lifetime monthly benefit payable for life starting at normal retirement age equal to:

- ◆ \$1.10 per month for each full \$50 of contributions from 10/1/95 to 12/31/98, plus,
- ◆ \$1.00 per month for each full \$50 of contributions from 1/1/99 to 12/31/02, plus,
- ◆ \$1.00 per month for each full \$100 of contributions from 1/1/03 to 12/31/04, plus,
- ◆ \$1.00 per month for each full \$110 of contributions from 1/1/05 to 12/31/05, plus,
- ◆ \$1.00 per month for each full \$135 of contributions from 1/1/06 to 12/31/06, plus,
- ◆ \$1.00 per month for each full \$180 of contributions from 1/1/07 to 12/31/07, plus,
- ◆ \$1.00 per month for each full \$200 of contributions from 1/1/08 to 12/31/09, plus,
- ◆ \$1.00 per month for each full \$210 of contributions from 1/1/10 to 12/31/10, plus,
- ◆ \$1.00 per month for each full \$220 of contributions after 1/1/11, plus,
- ◆ 110% of the monthly benefit earned under the Local 211, 439 and 592 Pension Plans.

EARLY RETIREMENT BENEFITS

Same as Normal Retirement amount reduced by 1/2% for each month that you retire prior to age 60 and 1/3% for each month that you retire prior to age 56. For example, at age 58 your benefit would be reduced by 12%. At age 56 your benefit would be reduced by 24%. At age 55 your benefit would be reduced by 28%. There is no reduction in your benefit if the total of your age last birthday and years of credited service is at least 83 ("Rule of 83"). Plus, a supplement payable until age 62 for employees with at least 20 years of credited service equal to your early retirement benefit determined above.

DISABILITY RETIREMENT BENEFITS

Same as Normal Retirement amount with no reduction for early retirement and no supplemental benefit.

FORMS OF PAYMENT

- ◆ Life Annuity with 60 payments guaranteed
- ◆ Life Annuity with 120 payments guaranteed
- ◆ Life Annuity with 180 payments guaranteed
- ◆ Life Annuity with 240 payments guaranteed
- ◆ Spouse's Joint and 50%, 75% or 100% to Survivor (with pop-up)
- ◆ Lump sum (for benefit accrued through 12/31/02)

PRE-RETIREMENT DEATH BENEFITS

Non Vested Employee With 2 But Less than 5 Years of Credited Service – (including 2 years during the 5 years prior to death)

- ◇ Lump sum benefit equal to \$1,000 times years of credited service.

Non-Vested Employee With 5 But Less than 10 Years of Credited Service – (including 2 years during the 5 years prior to death)

- ◇ Lump sum benefit equal to 30 times your accrued normal retirement monthly benefit.

Vested Employee

- ◇ Lifetime benefit payable to your spouse equal to ½ your accrued normal retirement monthly benefit. This benefit commences immediately provided you are over age 50 or have at least 20 years of credited service, or when you would have attained age 50 if you have less than 20 years of credited service, or

- ◇ Lump sum benefit equal to 60 times your accrued normal retirement monthly benefit.

POST RETIREMENT DEATH BENEFITS

- ◆ Continuation of monthly benefit based upon form of payment elected at retirement.

IBEW LOCAL UNION 351 SURETY FUND

Effective November 1, 2016

YOUR ACCOUNT BALANCE IS EQUAL TO:

- ◆ Employer Contributions, plus
- ◆ Investment Earnings, less
- ◆ Withdrawals, less
- ◆ Expenses

TYPES OF SURETY BENEFITS

- ◆ Retirement – payable if age 55 and retired from the Industry.
- ◆ Disability – payable if totally and permanently disabled.
- ◆ Full Termination – payable if no covered employment over 3 consecutive months.
- ◆ Partial Termination – 25% of your account balance payable if no covered employment over 15 consecutive days, but not more than two times in a calendar year.
- ◆ Death - payable upon death.
- ◆ Financial Hardship - available to participants for the following purposes:
 - ◇ Medical expenses of at least \$500 incurred by you, your spouse, dependent child, parent or grandchild that have not been reimbursed by insurance.
 - ◇ Educational expenses for yourself, your spouse or dependent child to attend an educational institution above the high school level or a school for handicapped children.
 - ◇ Purchase of a home, cooperative or condominium apartment for your principal residence for which you have incurred down payment, contract or title expenses.
 - ◇ Funeral expenses incurred due to the death of your spouse, child or parent.
 - ◇ Home improvement of at least \$5,000 or to prevent foreclosure or eviction from principal residence.

FORMS OF PAYMENT

- ◆ Lump Sum
- ◆ Monthly installments over a period not to exceed your life expectancy
- ◆ Combination lump sum and monthly installments
- ◆ Joint and survivor annuity

FEDERAL AND STATE INCOME TAXES

- ◆ Surety benefits are subject to federal and state income taxes.
- ◆ Mandatory 20% withholding applies to all payments made over less than 10 years.
- ◆ 10% IRS penalty applies if you are not 59½ or 55 and retired.
- ◆ May qualify for rollover treatment.

INVESTMENT CHOICES:

- ◆ Prudential Guaranteed Deposit Fund (70% default)
- ◆ Weaver Barksdale Intermediate Fixed Income Fund
- ◆ Manning & Napier Target Income 2015, 2020, 2025, 2030, 2035, 2040, 2045, 2050 and 2055 Funds
- ◆ Vanguard Institutional Index Fund (30% default)
- ◆ Longleaf Partners Fund
- ◆ Black Rock Equity Dividend Fund
- ◆ Large Cap Growth Jennison Fund
- ◆ Fidelity Contrafund
- ◆ Vanguard Mid-Cap Fund
- ◆ Eaton Vance Atlanta Capital SMID Cap A Fund
- ◆ Vanguard Small-Cap Fund
- ◆ International Blend/Lazard Fund
- ◆ Prudential Retirement Real Estate Fund

Investment earnings credited daily. Investment elections may be changed daily. Access to your account with your PIN 24 hours a day, 7 days a week – www.ieshafter.com or (877) 742-3373 (toll-free).