

**APPENDIX R
RETIREE COVERAGE**

By executing this Appendix R to its Welfare Benefit Plan, the Employer provides coverage under such Plan for Retirees (as defined in Section R1.1(a)) to the extent provided below. This Appendix is part of and is subject to the provisions of the Employer's Welfare Benefit Plan. This Appendix is effective as of the ____ day of _____, 20____, and replaces any prior Appendix R.

R1.1 Plan Sponsor Elections for Retirees. The following features are selected for this Plan. These elections and coverages shall govern benefits subject to the provisions of the Plan and Section R1.3.

(a) Benefits and Eligibility. All benefits to be provided under a particular Policy from time to time shall be exclusively as then provided in such Policy providing the benefit and shall be payable in accordance with such Policy's terms, conditions, and provisions, including, but not limited to, eligibility limitations. With respect to any particular benefit offered under Section R1.1(a), Retirees only include individuals who previously were covered as Employees and who continue such coverage without a break in coverage under the Plan. Retirees who do not timely elect Retiree coverage commencing at the time of retirement, are ineligible for Retiree coverage. Retirees who elect and are covered by Retiree coverage for a benefit under the Plan and then terminate Retiree coverage for such benefit, are ineligible for future Retiree coverage for such benefit under the Plan. Unless otherwise required by law or the Plan, a Retiree only may cover family members for any particular benefit under the Plan, if the family members had coverage for such benefit under the Plan by the individual immediately prior to termination of employment with the Employer and only if the family members continue such coverage without a break in coverage under the Plan. The Employer selects the following benefits to be offered to Retirees under the Plan (complete as applicable):

- Medical** coverage shall be available. Unless otherwise required by law, medical benefits for Retirees and their family members always will be secondary to Medicare.
- Dental** coverage shall be available.
- Life** coverage shall be available.

For purposes of the Plan, "Retiree" shall mean a former Employee who, prior to termination of employment with the Employer, (complete the following) has both reached the age of _____ and has _____ years of service with the Employer. (Requirements cannot be less than age 55 with 10 years of service, unless provided as follows: _____.)

(b) Premiums. Premiums for benefits shall be subject to change from time to time. Premiums shall be paid by the Employer except as provided below (complete as applicable):

- The following contribution for **Medical** benefits shall be paid by the Retiree: (Check and complete schedules below as applicable. Enter either the percentage from 0% to 100% or monthly dollar amount. If dollar amount is not per month, indicate the period used: dollar amount per _____.)
 - (_____ %) or (\$ _____) for Retiree only coverage;
 - (_____ %) or (\$ _____) for Retiree/spouse coverage;
 - (_____ %) or (\$ _____) for Retiree/children coverage; or
 - (_____ %) or (\$ _____) for Retiree/family coverage.

- The following contribution for **Dental** benefits shall be paid by the Retiree: (Check and complete schedules below as applicable. Enter either the percentage from 0% to 100% or monthly dollar amount. If dollar amount is not per month, indicate the period used: dollar amount per _____.)

(_____ %) or (\$ _____) for Retiree only coverage;
 (_____ %) or (\$ _____) for Retiree/spouse coverage;
 (_____ %) or (\$ _____) for Retiree/children coverage; or
 (_____ %) or (\$ _____) for Retiree /family coverage.

- The following contribution for **Life** benefits shall be paid by the Retiree: (Check and complete schedule below as applicable. Enter either the percentage from 0% to 100% or monthly dollar amount. If dollar amount is not per month, indicate the period used: dollar amount per .)

(_____ %) or (\$ _____) for Retiree only coverage.

(c) Termination Date of Benefits. Except as otherwise provided in the Plan, at termination of eligibility for a benefit, coverage shall terminate on the date indicated as follows (complete as applicable):

- Medical:**
 - Date eligibility terminates; or
 - Last day of month in which eligibility terminates.
- Dental:**
 - Date eligibility terminates; or
 - Last day of month in which eligibility terminates.
- Life:**
 - Date eligibility terminates; or
 - Last day of month in which eligibility terminates.

R1.2 Continuation Coverage. Notwithstanding anything to the contrary in the Plan, to the extent allowed by law, Retiree coverage is available only in lieu of any Federal COBRA or state continuation coverage under the Plan.

R1.3 Policy Provisions Incorporated/Supersession. The terms of the Policies providing benefits under this Plan are incorporated into the Plan document. Such Policies may change from time to time. The terms of the Policies are modified by this Plan and made subject to the terms of the Plan. However, notwithstanding anything in this Plan to the contrary, to the extent that the terms of this Plan would cause payment of a benefit not allowed under the terms of the underlying Policy for such benefit, the terms of the particular benefit Policy will govern.

IN WITNESS WHEREOF, the Plan Sponsor has hereunto caused this Appendix to the Plan to be signed by its authorized undersigned officer as of the _____ day of _____, 20____.

[Typed Name of Plan Sponsor]

By: _____

Title: _____

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