# Preparing to Leave BSA
## What You Need to Know



Brookhaven National Laboratory

U.S. DEPARTMENT OF ENERGY

## WHAT YOU NEED TO KNOW AS YOU PREPARE TO LEAVE BSA

Whether you're considering changing careers, going back to school, moving to another employer, or retiring from Brookhaven Science Associates, LLC (BSA), there are many things to consider and steps to take before you leave BSA. You'll want to review your insurance coverages (medical, dental, vision care, life, and disability) to understand which coverages you can continue after your last day of employment with BSA and which you can't continue. (If you are separating employment from BSA as part of a reduction-in-force, alternate information may apply.)

This booklet will provide information on items to consider and processes you'll need to follow:

- Are You Considering Retiring or Separating Employment from BSA?
- Reviewing Your BSA Benefits
- How Do Your Benefits Change When You Leave BSA?
- Steps To Take When You Have Decided To Leave BSA
- Retiree Medical Plan Information

It is important to keep all your information in a safe place that is accessible to a family member or friend in the case of an emergency, so we've also included a "Personal Information Organizer" on pages 31 - 35 that you can use to track your benefits, financial information, and other important documents. It can also be used to record information that may be helpful to others if they need to assist you, in an emergency, or if they are handling your affairs.

If you have any questions, refer to the "Contact Information" section on page 36 for telephone numbers, email addresses and websites.

This booklet describes the benefits program as of **October 1, 2021** and is subject to change. The information in this booklet is intended to provide only a summary of the benefit programs. Nothing contained in this booklet should be construed as a promise of employment or continued employment, or to constitute contractual obligations. If questions arise, official plan documents and insurance agreements are controlling and govern final determination of benefits consistent with applicable laws and regulations. Benefits, including eligibility and plan provisions, for employees covered under a collective bargaining agreement are specified in the union contract.

BSA maintains the right to amend or terminate the benefit plans/programs at any time and for any reason.




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## ARE YOU CONSIDERING RETIRING OR SEPARATING EMPLOYMENT FROM BSA?

Are you considering retiring? If so, then the information in this section may be helpful to you.

If you're not considering retiring but are considering separating employment from BSA, then go to the next page for information on "Reviewing Your BSA Benefits".

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If you're thinking about retiring, remember that people are living longer than ever before, and in many cases, this may mean spending more years in retirement. You'll need to consider your potential retirement income, what you will do in retirement, where you will live, etc. Since these are all important for you, we suggest several additional steps you should take at BSA before you actually decide to retire.

Planning for retirement should include a review of your assets and expenses. You should:

- Review your net worth (cash, bank accounts, stocks, bonds, etc.)
- Evaluate your current expenses (mortgage, charge cards, taxes, etc.)
- Consider your current spending practices and estimate those you expect for the future.
- Consider where you will be living. Will you move to a different home or to a different state, and how will that affect your expenses?

You will want to consider other potential sources of income and benefits (Social Security, Medicare, retirement benefits, personal savings, etc.). You should determine how much income these sources will provide at retirement. Also consider income from any potential part-time employment.

To obtain an estimate of your Social Security benefit, you can go online at www.ssa.gov or call Social Security at (800) 772-1213.

To determine if you are eligible for Medicare benefits, you can go online at www.medicare.gov or call Medicare at (800) MEDICARE, (800-633-4227).

You should also consider legal matters such as a will and healthcare documents (durable power of attorney, living will, do-not-resuscitate order, etc.).

**Go to the next page for information on "Reviewing Your BSA Benefits".**

## REVIEWING YOUR BSA BENEFITS

**Medical, Dental, Vision Care, Life, Accidental Death and Dismemberment, Long Term Disability, Flexible Spending Accounts, Vacation, Vacation Buy, and Sick Leave**

We suggest that you schedule a meeting with one of the representatives from BSA's Benefits Office to discuss these benefit programs prior to your last day of employment with BSA. The BSA Benefits Office can be reached at (631) 344-8877, (631) 344-4275 or (631) 344-5558. It is important to understand which benefits can be continued after your last day of employment and which cannot be continued. You'll want to discuss the cost of those benefits that will be available to you after you leave BSA. Consider that such costs may change, and such benefit programs may be modified or eliminated in the future.

**Retirement Plan and 401(k) Plan**

We suggest that you schedule a meeting with a licensed financial counselor from TIAA prior to your last day of employment with BSA, to review your Retirement Plan and/or 401(k) Plan benefits. There is no charge to you for this financial planning service. If you're considering retiring, the counselor can estimate how much income these benefits (plus any other sources of income) will provide to you— so you can estimate if this is sufficient income in retirement. You should discuss the various types of income options that may be available to you (cash withdrawal, interest only, minimum distribution option, annuity, etc.) and options that can provide for a continuation of payments to a beneficiary in the case of your death.

To schedule an appointment with a TIAA licensed financial counselor, call (800) 732-8353 or go online at www.tiaa-cref.org/schedulenow and click on "At Your Workplace" and follow the instructions on the screen.

**Go to the next page for information on "How Do Your Benefits Change When You Leave BSA".**

## HOW DO YOUR BENEFITS CHANGE WHEN YOU LEAVE BSA?

### MEDICAL INSURANCE

If you are enrolled in the Medical Plan, your medical benefits end on your last day of employment with BSA. If you are not enrolled in the Medical Plan on your last day of employment, then you cannot enroll in the Medical Plan at that time and are not eligible for retiree medical benefits.

#### Am I Eligible For Retiree Medical Benefits?

You have to be enrolled in the Medical Plan on your last day of employment with BSA and meet the eligibility criteria below to be eligible for retiree medical benefits.

Eligibility Criteria:

- Employees who are participating in the Medical Plan (but who are not the covered dependent of another person who is enrolled in the BSA Medical Plan program) and who terminate employment after attaining age 55 and have a combination of age and years of Continuous Service* immediately prior to retirement (10 years minimum, or for employees hired prior to January 1, 2001, 5 years minimum) that total 70 or more are eligible to participate in the Medical Plan for retirees ( or the HRA depending on their eligibility for Medicare) with their eligible dependents.
- Also, employees who are participating in the Medical Plan and who terminate employment after completing 35 years of Continuous Service* are eligible to participate in the Medical Plan for retirees (or the HRA depending on their eligibility for Medicare) with their eligible dependents.

* Continuous Service is defined in the Medical Plan Summary Plan Description.

If you do not meet the criteria above, there are other criteria through which you may be eligible for retiree medical benefits. Refer to the Medical Plan Summary Plan Description at www.bnl.gov/hr/Benefits for additional information.

See the “Retiree Medical Plan Information” section on pages 14 - 30 for additional information on retiree medical coverage.

#### What If I’m Not Eligible For Retiree Medical Benefits?

If you do not meet the criteria for eligibility for retiree medical benefits and are enrolled in the Medical Plan on your last day of employment with BSA, you and any of your covered family members (eligible spouse and/or children) may be eligible to continue your medical coverage through the Consolidated Omnibus Budget Reconciliation Act (COBRA). Benefits continuation will be in accordance with the BSA Medical Plan and COBRA.

You and any of your covered family members (eligible spouse and/or children) will be offered COBRA medical coverage—which is a continuation of your coverage through your current medical plan. If you elect COBRA medical coverage, you must pay the applicable COBRA premiums (102% of the full cost of the plan). BSA does not subsidize the cost of COBRA medical coverage. See below for information on the COBRA process.

COBRA Process:

After your last day of employment, the P&A Group (BSA’s billing company) will mail a package of information to you including how to continue medical coverage, the cost of such coverage, and an election form. If you do not receive this package from the P&A Group within 15 business days from your last day of employment, call the P&A Group at (800) 688-2611. If you have any questions regarding this information or if you need assistance with completing the election form, contact the P&A Group.

You must complete, sign and return the election form to the P&A Group by the deadline stated in the package. You must include your first premium payment with the election form. Based on your completed election form and payment, your medical coverage will become effective retroactively to the day after your last day of employment. After your initial election and payment, the P&A Group will bill you on a monthly basis for your medical coverage, although alternate arrangements such as automated payments are available.

**If you are planning to continue your medical coverage through BSA, you should consider scheduling medical appointments and prescription drug refills accordingly, as it may be a few weeks before your elected medical coverage is in place.**

## DENTAL INSURANCE

If you are enrolled in the Dental Plan, your dental benefits end on your last day of employment with BSA. Dental coverage is only available through COBRA. You and any of your covered family members (eligible spouse and/or children) may be eligible to continue your dental coverage through COBRA. Benefits continuation will be in accordance with the BSA Dental Plan and COBRA. BSA does not offer retiree dental coverage.

You and any of your covered family members (eligible spouse and/or children) will be offered COBRA dental coverage—which is a continuation of your coverage through your current dental plan. If you elect COBRA dental coverage, you must pay the applicable COBRA premiums (102% of the full cost of the plan). BSA does not subsidize the cost of COBRA dental coverage. See below for information on the COBRA process.

COBRA Process:

After your last day of employment, the P&A Group (BSA's billing company) will mail a package of information to you including how to continue dental coverage, the cost of such coverage, and an election form. If you do not receive this package from the P&A Group within 15 business days from your last day of employment, call the P&A Group at (800) 688-2611. If you have any questions regarding this information or if you need assistance with completing the election form, contact the P&A Group.

You must complete, sign and return the election form to the P&A Group by the deadline stated in the package. You must include your first premium payment with the election form. Based on your completed election form and payment, your dental coverage will become effective retroactively to the day after your last day of employment. After your initial election and payment, the P&A Group will bill you on a monthly basis for your dental coverage, although alternate arrangements such as automated payments are available.

**If you are planning to continue your dental coverage through BSA, you should consider scheduling dental appointments accordingly as it may be a few weeks before your elected COBRA dental coverage is in place**.

## HOW DO YOUR BENEFITS CHANGE WHEN YOU LEAVE BSA?

### VISION CARE INSURANCE

If you are enrolled in the Vision Care Plan, your vision care benefits end on your last day of employment with BSA. Vision care coverage is only available through COBRA. You and any of your covered family members (eligible spouse and/or children) may be eligible to continue your vision care coverage through COBRA. Benefits continuation will be in accordance with the BSA Vision Care Plan and COBRA. BSA does not offer retiree vision care coverage.

You and any of your covered family members (eligible spouse and/or children) will be offered COBRA vision care coverage—which is a continuation of your coverage through your current vision care plan. If you elect COBRA vision care coverage, you must pay the applicable COBRA premiums (102% of the full cost of the plan). BSA does not subsidize the cost of COBRA vision care coverage. See below for information on the COBRA process.

COBRA Process:

After your last day of employment, the P&A Group (BSA's billing company) will mail a package of information to you including how to continue vision care coverage, the cost of such coverage, and an election form. If you do not receive this package from the P&A Group within 15 business days from your last day of employment, call the P&A Group at (800) 688-2611. If you have any questions regarding this information or if you need assistance with completing the election form, contact the P&A Group.

You must complete, sign and return the election form to the P&A Group by the deadline stated in the package. You must include your first premium payment with the election form. Based on your completed election form and payment, your vision care coverage will become effective retroactively to the day after your last day of employment. After your initial election and payment, the P&A Group will bill you on a monthly basis for your vision care coverage, although alternate arrangements such as automated payments are available.

**If you are planning to continue your vision care coverage through BSA, you should consider scheduling vision care appointments accordingly as it may be a few weeks before your elected COBRA vision care coverage is in place**.

### LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Coverage through the Life and AD&D Plan ends on your last day of employment with BSA. After your last day of employment with BSA, Lincoln Financial Group (BSA's insurance company) will contact you by mail to notify you of your options regarding continuation of coverage and the applicable costs. You and your spouse may convert the life insurance coverage that was in place on your last day of employment with BSA to an individual/private policy through Lincoln Financial Group by the later of (a) 31 days from your last day of employment or (b) 15 days from the date of the letter from Lincoln Financial Group. You and your dependents may not convert AD&D insurance. Life insurance for dependent children is also not eligible for conversion to an individual/private policy.

## LONG TERM DISABILITY INSURANCE

Coverage through the Long Term Disability Plan ends on your last day of employment with BSA. Such coverage cannot be converted to an individual/private policy.

## FLEXIBLE SPENDING ACCOUNTS (FSAs)

If you are enrolled in the health care, dependent day care, transit commuter, and/or parking FSAs, coverage will end on your last day of employment with BSA. Only covered expenses incurred through your last day of employment with BSA are eligible for reimbursement. Under certain circumstances, coverage through the health care FSA may be continued for a limited period of time if you elect to continue contributions on an after-tax basis. Continuation of coverage is not available for the dependent day care, transit commuter or parking FSAs. For additional information on continuation of health care FSA coverage, contact the BSA Benefits Office at (631) 344-8877, (631) 344-4275 or (631) 344-5558 prior to your last day of employment with BSA.

## VACATION

Accrued vacation time that is unused as of your last day of employment with BSA will be paid to you.

## VACATION BUY PLAN

If you are enrolled in the Vacation Buy Plan, benefits will end on your last day of employment with BSA. Your final paycheck will be adjusted for:

- Hours purchased but not used. You will be reimbursed for these in your final paycheck based on the rate at which they were purchased and the applicable tax.
- Hours purchased and used but not yet paid for. These will be deducted from your final paycheck based on the rate at which they were purchased.

## SICK LEAVE

Sick leave benefits are not payable when you separate employment from BSA.

**BSA RETIREMENT PLAN**

If you are enrolled in the Retirement Plan, contributions will end on your last day of employment with BSA. Retirement contributions will not be made on any severance pay or unused accrued vacation pay.

If you began participation in the Retirement Plan before January 1, 2007, you are 100% vested in your account. If you began participation on or after January 1, 2007, your account vests according to your Years of Service under the following schedule:

| Years of Service | Percentage Vested |
|---|---|
| Less than 2 | 0% |
| 2 but less than 3 | 25% |
| 3 but less than 4 | 50% |
| 4 but less than 5 | 75% |
| 5 or more | 100% |

You do not need to do anything immediately with this plan when you leave BSA. However, you may elect distributions from the Retirement Plan based on the terms of the Plan. Contact TIAA at (800) 842-2776 for additional information.

**BSA 401(k) PLAN**

If you are enrolled in the 401(k) Plan, contributions end on your last day of employment with BSA. 401(k) contributions will not be made on any severance pay or your unused accrued vacation pay as of your last day of employment.

You are fully vested in your contributions to the 401(k) Plan. You may elect distributions from your 401(k) Plan based on the terms of the Plan. Contact TIAA at (800) 842-2776 for additional information.

If you have a 401(k) Plan loan outstanding after your last day of employment, you will be contacted by TIAA who will provide information to you so that you can repay the loan, thereby avoiding taxes and penalties. If you choose not to repay the loan, it will be “in default” and the unpaid balance will be deemed a taxable distribution.

## STEPS TO TAKE WHEN YOU HAVE DECIDED TO LEAVE BSA

There are several steps you need to take when you have decided to leave BSA. (If you are separating employment from BSA as part of a reduction-in-force, alternate information may apply).

### NOTIFYING BSA

Once you have decided your last day of employment with BSA, you need to inform your supervisor and provide him/her written notice of your intent to leave BSA, including your last day of employment. In order to have a smooth transition of your benefits, it is preferable to provide one month's notice prior to your last day of employment. This will also allow your department to have sufficient time to transition your work to another person. Your supervisor will then begin the electronic termination process during which you will need to confirm your last day of employment. The BSA Benefits Office will be notified electronically of your last day of employment.

### YOUR BSA BENEFITS

Your benefits will terminate on your last day of employment with BSA. Prior to your last day of employment with BSA, you should schedule a meeting with one of the representatives from BSA's Benefits Office to discuss the benefit programs. The BSA Benefits Office can be reached at (631) 344-8877, (631) 344- 4275 or (631) 344-5558. It is important to understand which benefits can be continued after your last day of employment, which cannot be continued, and the cost of such benefits. Consider that such costs may increase and that such benefit programs may be modified or eliminated in the future.

See the "Retiree Medical Plan Information" section on pages 14 - 30 for additional information on retiree medical coverage.

If you want to begin receiving Retirement Plan and/or 401(k) Plan benefits after your last day of employment with BSA, you will need to contact TIAA at (800) 842-2776 for assistance with this process. You may also want to schedule a meeting with a licensed financial counselor from TIAA. To schedule a meeting, contact TIAA at (800) 732-8353. TIAA will provide you with the forms you will need to complete. If you are married, the forms may also require your spouse's notarized signature. Most of these forms also require the employer's signature, which is the signature of a representative from the BSA Benefits Office.

The BSA Benefits Office will only sign the forms after your last day of employment, after all other sections have been completed, and all other signatures have been obtained. Contact the BSA Benefits Office at (631) 344-7516 to schedule an appointment to obtain the employer's signature, or if you prefer, you can mail the completed forms to: Brookhaven Science Associates, LLC, Brookhaven National Laboratory, Building 400B, Attn: Benefits Office, P.O. Box 5000, Upton, NY 11973.

## BSA CHECK-OUT PROCESS

During the weeks prior to your last day of employment, you will be advised of the check-out process by your supervisor. You should discuss the following items with your supervisor:

- Any work that needs to be reassigned,
- The return of BSA property such as uniforms, tools, keys, Lab-issued cell phone, calling card, and credit card, and
- The submission of your final timecard to Payroll.

You also should contact the Occupational Medicine Clinic (OMC) at (631) 344-3670 to schedule an appointment for your exit physical.

Additional check-out items may be required, such as if you have a security clearance, if you hold a patent, if you work with nuclear materials, or if you have library materials. Your supervisor will advise you accordingly.

On your last day of employment, you must go to Human Resources (HR) in Building 400. You will hand in your employee ID card, and HR will review your check-out process for completion. You can then go to the Badging Office (Bldg. 400) to get your retiree ID card, if eligible, and to Payroll (Bldg. 400) to get your final paycheck.

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**If you have completed all of the applicable procedures included in this booklet, you will have completed all of the steps you needed in order to leave BSA and continue available benefits.**

**If you have any questions, you may contact the BSA Benefits Office at (631) 344-8877, (631) 344-4275, (631) 344-5558 or (800) 353-5321.**

**For those of you who are retiring, best wishes for a wonderful retirement!**

# APPENDIX

## RETIREE MEDICAL PLAN INFORMATION

Pages 15 - 30 provide information for employees who are eligible for retiree medical coverage including:

- **Medical Plan Options For BSA Retirees**
  See pages 15 -21

- **Overview of Medicare**
  See page 22

- **Health Reimbursement Account (HRA) Frequently Asked Questions**
  See pages 24 - 27

- **Internal Revenue Code (IRC) Section 213(d) Healthcare Expenses**
  See pages 29 - 30

## MEDICAL PLAN OPTIONS FOR BSA RETIREES

If you and any of your covered family members (eligible spouse and/or children) are enrolled in the BSA Medical Plan as of your last day of employment with BSA and you are eligible for BSA retiree medical benefits, the following information applies to you. Continuation of medical coverage will be in accordance with the BSA Medical Plan and COBRA. You cannot enroll your eligible dependents without also enrolling yourself for medical coverage - unless you enroll them through COBRA (see OPTION 3).

**YOU HAVE 3 OPTIONS TO CONTINUE MEDICAL COVERAGE:**

**OPTION 1**: If you are eligible for retiree medical benefits, you may elect retiree medical coverage. See pages 16 - 19.

**OPTION 2:** If you are eligible for retiree medical benefits, you may suspend coverage if certain criteria are met. See page 20.

**OPTION 3:** You may be eligible to continue coverage through COBRA. See page 21.

## OPTION 1
## (Continuing Medical Coverage as a Retiree)

As a retiree, there are different coverages available to you and your eligible family members based on each participant's eligibility for Medicare. See below for more information.

### FOR EACH PARTICIPANT WHO IS NOT ELIGIBLE FOR MEDICARE

If a covered participant is not eligible for Medicare, he/she will be offered medical coverage through the Aetna medical program in which the participant was enrolled on the last day of your employment with BSA. If, however, you were enrolled in the Aetna Plan 4 High Deductible Health Plan (HDHP) with the Health Savings Account (HSA) and continue that coverage, PayFlex will charge you a $5 monthly fee to administer the HSA.

After your last day of employment with BSA, the P&A Group (BSA's billing company) will mail a package of information to you including how to continue medical coverage, the cost of such coverage, and an election form. If you do not receive this package from the P&A Group within 15 business days from your last day of employment, call the P&A Group at (800) 688-2611. If you have any questions regarding this information or if you need assistance with completing the election form, contact the P&A Group.

You must complete, sign and return the election form to the P&A Group by the deadline stated in the package. You must include your first premium payment with the election form. Based on your completed election form and payment, your medical coverage will become effective retroactively to the day after your last day of employment. After your initial election and payment, the P&A Group will bill you on a monthly basis for your medical coverage, although alternate arrangements such as automated payments are available.

You should consider scheduling medical appointments and prescription drug refills accordingly, as it may be a few weeks before your elected medical coverage is in place.

When a participant (you or a covered family member) who is currently not eligible for Medicare is approaching eligibility for Medicare, the participant will receive a letter from the BSA Benefits Office and be contacted by SelectQuote Senior (BSA's vendor for healthcare coverage for Medicare-eligible participants). This letter will provide information on how to transition to medical coverage available to Medicare-eligible participants. The Aetna medical program is not available to participants who are eligible for Medicare. See the "For Each Participant Who Is Eligible For Medicare" section below for more information.

### FOR EACH PARTICIPANT WHO IS ELIGIBLE FOR MEDICARE

If a covered participant is eligible for Medicare, he/she will be offered retiree medical coverage through a private healthcare exchange with SelectQuote Senior (BSA's vendor for healthcare coverage for Medicare-eligible participants). The BSA Medical Plan through Aetna is not available to participants who are eligible for Medicare.

There are 4 steps that you need to take to transition from Aetna medical coverage through the exchange with SelectQuote Senior:

**STEP 1:** Sign up for Medicare Parts A and B.

**STEP 2:** Elect continuation of medical coverage on the election form that will be mailed to you by the P&A Group (BSA's billing company).

**STEP 3:** Enroll in a new medical program through SelectQuote Senior's healthcare exchange.

**STEP 4:** Sign up for Health Reimbursement Account (HRA) reimbursements through Navia.

## OPTION 1
## (Continuing Medical Coverage as a Retiree)

### 4 STEPS FOR EACH PARTICIPANT WHO IS ELIGIBLE FOR MEDICARE

**STEP 1:** Sign up for Medicare Parts A and B.

Refer to the "Overview of Medicare" section on page 21 for general information on the various types of Medicare plans.

To get started, as a Medicare-eligible participant, you must sign up for Medicare Parts A and B, as this is required by BSA for you to be offered BSA medical coverage through the exchange. You will need a Request For Employment Information form completed by a Benefits Office Representative to enroll in Medicare Part B. You should begin the Medicare enrollment process as far in advance of your Medicare-eligibility date as possible (with an effective date of the first of the month following your date of separation of employment from BSA).

To begin the process of enrolling for Medicare Parts A and B, go online at www.socialsecurity.gov/medicare/apply.html, go to the local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

**STEP 2:** Elect continuation of medical coverage on the election form that you will receive from the P&A Group (BSA's billing company).

After your last day of employment with BSA, in addition to the information you receive from the BSA Benefits Office, the P&A Group will mail a package of information to you including how to continue medical coverage, the cost of such coverage, and an election form. If you do not receive this package from the P&A Group within 15 business days from your last day of employment, call the P&A Group at (800) 688-2611. If you have any questions regarding this information or if you need assistance with completing the election form, contact the P&A Group.

You must complete, sign, and return the election form to the P&A Group by the deadline stated in the package. You must include any required first month's premium payment for your Aetna medical coverage with the election form. Once P&A Group receives your completed election form and payment, your medical coverage will become effective retroactively to the day after your last day of employment.

Depending on the effective date of a participant's Medicare Part B coverage, a participant may continue coverage through the Aetna medical plan for a short period (from your last day of employment to the effective date of his/her new medical coverage through SelectQuote Senior's healthcare exchange). While on the Aetna coverage, the P&A Group will bill you on a monthly basis for the Aetna medical coverage until the participant's new coverage through SelectQuote Senior's healthcare exchange is effective. More information on coverage through SelectQuote Senior's healthcare exchange is provided in STEP 3.

## OPTION 1
## (Continuing Medical Coverage as a Retiree)

**STEP 3**: Enroll in new medical coverage through SelectQuote Senior's exchange.
(SelectQuote Senior is BSA's vendor for healthcare coverage for Medicare-eligible participants.)

Each Medicare-eligible participant must contact SelectQuote Senior at (866) 479-8317 and enroll in a medical program through SelectQuote Senior's exchange. You must enroll in a medical program through SelectQuote Senior to be eligible for participation in BSA's medical program and the Health Reimbursement Account (HRA). You are not required to elect a prescription drug program through SelectQuote Senior's exchange to be eligible for the HRA. Information on the HRA is provided in STEP 4.

Through the SelectQuote Senior's exchange, participants will have an opportunity to select from medical and prescription drug plans with various levels of coverage and premiums. Family members who are eligible for Medicare do not need to elect the same medical or prescription drug plan. SelectQuote Senior will assist participants in electing the healthcare plans that are best aligned with their needs.

Consider the following when electing plans:

- Are the services you need covered?
- How much are the premiums, deductibles, and other costs?
- Is there a limit on your annual out-of-pocket expenses, and if so, how much?
- Do your doctors accept Medicare?
- Will you have to select your providers and hospitals from a network?
- Are your prescription drugs covered by the plan?
- Do you need to use a specific pharmacy to obtain your prescription drugs?
- If you travel outside of the state or outside the U.S., does the plan provide coverage for medical and prescription drug expenses abroad?

The effective date of the new medical coverage through SelectQuote Senior's exchange must coincide with the effective date of Medicare Part B coverage - and it must be effective no later than the first day of the month following the next month after your date of separation of employment from BSA. For example, if you become eligible for Medicare on September 20, the new medical coverage through SelectQuote Senior's exchange should be effective on October 1. If timing is too short for coverage through the exchange to be effective on October 1, then we require it to be effective by no later than November 1.

Until the effective date of the new medical coverage, you can continue coverage through the applicable Aetna medical program in which you were enrolled on your last day of employment from BSA. Participants cannot have a gap between the Aetna program coverage and the coverage selected through SelectQuote Senior's healthcare exchange—unless you have suspended your coverage. See OPTION 2 for information on suspension of coverage.

After you are enrolled for coverage through SelectQuote Senior's healthcare exchange, you will pay your premiums directly to the new insurance company(ies) with which you are enrolled. At that time, Aetna medical coverage for the Medicare-eligible participant will end, as will the corresponding medical premiums being paid to the P&A Group for that participant's medical coverage.

**OPTION 1**
**(Continuing Medical Coverage as a Retiree)**

The required payments for Aetna medical coverage must be paid in full to the P&A Group before the participant can be eligible for coverage through BSA's medical program through SelectQuote Senior's exchange—and the applicable HRA contributions from BSA described in STEP 4.

If a participant has any questions about coverage through his/her new medical insurance, contact the new medical insurance company.

**STEP 4:** Sign up for Health Reimbursement Account (HRA) reimbursements through Navia.

Once the Medicare-eligible participant is enrolled in a medical program through SelectQuote Senior's healthcare exchange, the next step is signing up for the HRA reimbursements. You will receive information on the HRA from Navia Benefit Solutions (who administers the HRA), including forms that you must complete to set up HRA reimbursements. If you do not receive information from Navia within 15 business days from the effective date of the new medical coverage through SelectQuote Senior, contact Navia Benefit Solutions at 105@naviabenefits.com.

The HRA is an account into which BSA will contribute $180 per month per Medicare-eligible participant. (If you and your spouse are both eligible for Medicare and enrolled in a medical program through SelectQuote Senior's healthcare exchange, the monthly HRA contribution will be $180 x 2 = $360 and will be put into a joint HRA for you to share.

To be eligible for the HRA, a participant must enroll in a medical plan through SelectQuote Senior's healthcare exchange. A participant can enroll in a prescription drug plan that is not in SelectQuote Senior's exchange and still be eligible for the HRA.

The HRA funds may only be used to pay for eligible items such as Medicare Part B premiums, Medicare Advantage premiums, Medicare Part D premiums, Medicare supplement premiums, medical co-payments, eligible dental and vision services, medical treatments, medications, laboratory tests, and other Internal Revenue Code (IRC) Section 213(d) qualified healthcare expenses (as defined in IRS publication 502). Cosmetic or routine hygiene products and services are not generally eligible for reimbursement. You may not make personal contributions to the HRA. There are no administrative costs to you for using the HRA, and contributions and reimbursements are tax-free. As a benefit to you, unused HRA funds roll over from year to year. They do not need to be used in the current calendar year.

Additional information on the HRA, including eligible healthcare expenses, is provided in the "Accessing Your HRA", "HRA Frequently Asked Questions", and "IRC Section 213(d) Healthcare Expenses" sections on pages 24 - 30.

In order to receive the HRA funds, you are required to be enrolled in a Medicare Advantage or Medicare Supplement medical plan purchased through the SelectQuote Senior Medicare exchange.

You are no longer eligible for HRA funding and cannot reenroll in the HRA program if:

- If you are no longer enrolled in a medical plan through the SelectQuote Senior Medicare Exchange, or
- If you are the eligible dependent of a BSA retiree or Long-Term Disability Plan participant and that person is no longer enrolled in either (1) a BSA medical plan through the SelectQuote Senior Medicare Exchange or (2) an Aetna medical plan through BSA's medical plan for non-Medicare participants.

Please contact the BSA Benefits Office at (631) 344-8877, (631) 344-4275 or (631) 344-5558 for more information.

If you have questions about the HRA after your new medical coverage becomes effective, contact Navia Benefit Solutions at (866) 897-1996 or 105@naviabenefits.com.

**OPTION 2**
**(Suspending Medical Coverage)**

After your last day of employment with BSA, the P&A Group (BSA's billing company) will mail a package of information to you including how to continue medical coverage, the cost of such coverage, and an election form. If you do not receive this package from the P&A Group within 15 business days from your last day of employment, call the P&A Group at (800) 688-2611.

If you are eligible for retiree medical coverage, you can suspend your medical coverage through BSA:

- if and when you are subsequently employed elsewhere and obtain coverage through your employer or
- as of your last day of employment with BSA, if you have coverage available through your spouse's employer or
- if and when you obtain coverage through your spouse's employer.

Retiree medical coverage may only be reinstated during the applicable open enrollment period (to be effective January 1 of the following calendar year) or when a qualifying event occurs.

If you want to suspend your coverage immediately following your last day of employment with BSA, you must complete, sign and return the election form to the P&A Group by the deadline stated in the package. Indicate on the election form that you want to suspend your medical coverage. To suspend coverage at any other time, contact the BSA Benefits Office at (631) 344-8877, (631) 344-3724, or (631) 344-5558.

**OPTION 3**
**(COBRA Coverage)**

After your last day of employment with BSA, the P&A Group (BSA's billing company) will mail a package of information to you including how to continue medical coverage, the cost of such coverage, and an election form. If you do not receive this package from the P&A Group within 15 business days from your last day of employment, call the P&A Group at (800) 688-2611. If you have any questions regarding this information or if you need assistance with completing the election form, contact the P&A Group.

Instead of continuing retiree medical coverage and if you (or an eligible family member) are eligible for continued medical coverage through COBRA, you may elect COBRA medical coverage—which is a continuation of your coverage through your current Aetna medical plan. You must pay the applicable COBRA premiums (102% of the full cost of the Plan). BSA does not subsidize the cost of COBRA medical coverage.

You must complete, sign and return the election form to the P&A Group by the deadline stated in the package. You must include with the election form your first premium payment for all Aetna Medical, Delta Dental, EyeMed Vision Care, and FSA coverages you have elected to continue. After P&A Group has received your completed election form and payment, they will notify BSA accordingly and your coverage will become effective retroactively to the day after your last day of employment. After your initial election and payment, the P&A Group will bill you on a monthly basis. Automated payments are also available.

If you elect to continue medical coverage through COBRA, you cannot request retiree medical coverage or suspension of medical coverage in the future.

## OVERVIEW OF MEDICARE

The following is a brief overview of the coverage provided through various types of Medicare plans. Additional information on Medicare coverage is available at www.Medicare.gov.

Original Medicare (Part A and Part B) is health insurance offered by the federal government (after meeting certain eligibility requirements) that provides healthcare benefits for:

- People who are age 65 or older
- People who are under age 65 and have certain disabilities
- People of any age with End Stage Renal Disease requiring kidney dialysis or kidney transplant.

## TYPES OF MEDICARE PLANS

**MEDICARE PART A** (Hospital Insurance) provides coverage for:

- Inpatient care in hospitals
- Inpatient care in a skilled nursing facility (not custodial or long-term care)
- Hospice care
- Home healthcare

Under Medicare Part A, there are copayments and a deductible.

**MEDICARE PART B** (Medical Insurance) provides coverage for:

- Services from doctors and other healthcare providers
- Outpatient care
- Home healthcare
- Durable medical equipment
- Some preventive services

Under Medicare Part B, there are out-of-pocket costs including a monthly premium, a deductible and coinsurance.

**MEDICARE PART C: MEDICARE ADVANTAGE PLANS:**

- Include all benefits and services covered under Medicare Part A and Part B
- Usually include prescription drug coverage
- May include extra benefits and service for an extra cost

Medicare Advantage Plan premiums and coverage vary based on the specific plan.

**MEDICARE PART D** (Prescription Drug Insurance) provides coverage for:

- Prescription drugs

Medicare Part D premiums and coverage vary based on the specific prescription drug plan.

**MEDICARE SUPPLEMENT POLICIES (ALSO CALLED MEDIGAP POLICIES):**

- Can help pay some of the healthcare costs that Medicare A and B do not cover such as copayments, coinsurance and deductibles
- Some Supplement Policies also offer coverage for services that Medicare A and B do not cover

Medicare Supplement Policies offer standardized coverage, and some offer additional benefits. Premiums and coverage vary based on the specific plan.

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# Health Reimbursement Account (HRA) Information

## Accessing Your HRA

You will receive instructions, claim forms, and further information in the mail from Navia once you have enrolled in your medical coverage through SelectQuote Senior's exchange.

If you need assistance with using online services or have questions about using your HRA or submitting a claim for reimbursement, please call Navia's Customer Service at (866) 897-1996 after your medical insurance plan becomes effective.

## Health Reimbursement Account (HRA) Frequently Asked Questions

**Q. What is a Health Reimbursement Account (HRA)?**

**A**. A Health Reimbursement Account (HRA) is part of the benefit plan offered to you by Brookhaven Science Associates (BSA). BSA will contribute $180 per participant each month into a HRA set up to help reimburse you for your eligible healthcare expenses. For example, for a husband and wife, the joint monthly household amount will be $360 ($180 x 2).

**Q. What expenses are eligible for reimbursement?**

**A.** You may be reimbursed for the premiums you pay toward Medicare Part B, Medicare Supplement, Medicare Advantage, and/or Medicare Prescription Drug plans for you and your spouse, or other Medicare-eligible dependents who are enrolled for medical insurance through SelectQuote Senior's exchange.

In addition, you may pay for other eligible expenses (generally those defined under Internal Revenue Code Section 213(d)) and submit for reimbursement. See the "**IRC Section 213(d) Qualified Healthcare Expenses**" section for additional information.

This includes expenses that are not reimbursed by another plan, such as:

- standard medical services such as office visits
- copayments, coinsurance, and deductibles
- prescriptions
- dental care
- eyeglasses, contact lenses and solution, and laser eye surgery
- acupuncture and chiropractic services

**Q. Do I have to enroll in a medical program through SelectQuote Senior's exchange to be eligible for the reimbursement?**

**A.** Yes. To be eligible for the HRA contribution from BSA, you must enroll in a medical program through SelectQuote Senior's exchange. However, you do not need to enroll in a prescription drug plan through SelectQuote Senior's exchange. You must be enrolled in a BSA medical program in order for your eligible dependents to be enrolled in a BSA medical program as your dependent.

## Health Reimbursement Account (HRA)
## Frequently Asked Questions (continued)

**Q. Who processes my HRA claims?**

**A.** This service is provided by Navia Benefit Solutions, who administers the HRA on behalf of SelectQuote Senior.

**Q. Where can I get information on my HRA?**

**A.** You'll be able to access your HRA at www.naviabenefits.com.

**Q. Who can I call if I have questions regarding my HRA?**

**A.** You may contact Navia Benefit Solutions at (866) 897-1996 after your medical coverage becomes effective.

**Q. Are the contributions or reimbursements provided through the HRA considered taxable income by the IRS?**

**A.** No. Contributions into the HRA and reimbursements from the HRA are not taxable income.

**Q. Will I earn interest on the money in my HRA?**

**A.** No.

**Q. Will I receive monthly statements?**

**A.** No. However, before the end of the fourth quarter of the calendar year, Navia will send out a statement to participants who have a balance left in their HRA, and any unused balance will carry over to the next year. This will help to remind you to file claims for unused funds if desired. You can also log into the HRA online at any time to view your available account balance and claim activity.

You can access your account through the HRA Account tab at www.naviabenefits.com or you may contact Navia Benefit Solutions at (866) 897-1996.

**Q. How Does Reimbursement from the HRA Work?**

**A.** Step 1: Pay Your Healthcare Plan Premiums and/or qualified IRC Section 213(d) expenses.
You are responsible for paying your premiums directly to the insurance company. Most insurance companies will allow you to pay your premiums either by check or by having money withdrawn directly from your bank account. In addition, Medicare Advantage, Medicare Part D Prescription Drug plans, and Medicare Part B allow you to have your premiums withheld from your Social Security check.

Step 2: Submit Your Health Expense Claims for eligible premiums or expenses to Navia Benefit Solutions, through the online portal, email, fax, or postal mail. You can submit a one-time form to Navia Benefit Solutions for automatic monthly premium reimbursement or you can manually file a new claim each time you have a reimbursable expense. You will need to also submit a Direct Deposit Form if you would like to have your reimbursement automatically deposited into your bank account.

Step 3: Receive Your Reimbursement.
You can be reimbursed from the HRA in two ways once your claim for reimbursement is approved. You will be reimbursed from the HRA either by:

1. Direct deposit to your bank account, or
2. By check mailed directly to your home address.

**Q. Who is responsible for submitting a claim?**

**A.** You as the participant are responsible for filing a request for claim reimbursement.

**Q. What is the general processing time for claim submissions?**

**A.** Processing of claims submitted through the online portal will routinely be processed within two business days. Paper forms mailed and submitted to Navia Benefit Solutions, the company who administers the HRA, generally take three to five business days to process from the date they are received by Navia Benefit Solutions. If a direct deposit account is set up, reimbursements will be deposited directly into the designated bank account within 24 hours of approval.

**Q. Is there a submission deadline for reimbursement?**

**A.** Per the program guidelines, as long as the participant is eligible there is no submission deadline. In the case of death, submission deadlines do apply. Additional information is provided below.

**Q. How do I cancel a recurring expense?**

**A.** Call Navia Benefit Solutions at (866) 897-1996.

## Health Reimbursement Account (HRA)
## Frequently Asked Questions (continued)

**Q. What happens to a participant's account in the event of his or her death?**

**A.** If there is no spouse enrolled in a medical program through SelectQuote Senior at the time of the participant's death, the HRA funds are forfeited. Your personal representative or executor of your estate may submit claims up to 180 days after the date of death for eligible expenses incurred.

If there is a surviving spouse enrolled in a medical program through SelectQuote Senior and the HRA at the time of the participant's death, the account and remaining funds will be transferred to the surviving spouse's name. The HRA monthly contribution will continue for one single participant.

**Q. What happens to the surviving spouse's account in the event of his or her death?**

**A.** In the event that the surviving spouse dies and there are no other participants on the HRA, then the HRA funds are forfeited. Your personal representative or executor of your estate may submit claims up to 180 days after the date of death for eligible expenses incurred by you before your death.

**Q. What is the process for appealing a claim denial?**

**A.** Participants may file an appeal online through the HRA tab on the website portal www.naviabenefits.com or they may contact Navia Benefit Solutions at (866) 897-1996 to file a first-level appeal. A first- level appeal includes the administrative review of the claim to ensure that it was processed according to the plan rules, and that no processing error occurred. Participants who disagree with a denial of a first- level appeal have the right to submit a second-level appeal by contacting the plan administrator within 60 days of the notice. All appeals will be reviewed by Navia Benefit Solutions in collaboration with the plan administrator and appeals that are approved will be submitted for re-processing.

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## IRC Section 213(d) Healthcare Expenses

The Internal Revenue Code (IRC) Section 213(d) defines eligible healthcare expenses. Healthcare expenses are further defined as the costs of diagnosis, cure, mitigation, treatment or prevention of disease, and the costs for treatments affecting any part or function of the body. These expenses must be primarily to alleviate or prevent a physical or mental defect or illness.

The products and services listed below are examples of healthcare expenses eligible for payment under a Health Reimbursement Account (HRA). This list is not all inclusive. Additional expenses may qualify, and the items listed below are subject to change in accordance with IRS Regulations.

**ELIGIBLE EXPENSES**

**DENTAL**
- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

**EYES**
- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

**HEARING**
- Hearing Aids and Batteries
- Hearing Exams

**HRA ELIGIBLE**
- Insurance Premiums
- Long Term Care Premiums

**LAB EXAMS/TESTS**
- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

**MEDICATIONS**
- Insulin
- Prescription Drugs

**MEDICAL PROCEDURES/SERVICES**
- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*

**PRACTITIONERS**
- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

**MEDICAL EQUIPMENT/SUPPLIES**
- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheelchairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

**THERAPY**
- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

* These expenses are "potentially eligible expenses" that require a Note of Medical Necessity from your healthcare provider to qualify for reimbursement. For additional information, contact Navia's Customer Service at (866) 897-1996.

## IRC Section 213(d) Healthcare Expenses (continued)

### INELIGIBLE EXPENSES

| | | |
|---|---|---|
| ■ Contact Lens or Eyeglass Insurance<br>■ Cosmetic Surgery/Procedures<br>■ Electrolysis | ■ Marriage or Career Counseling | ■ Personal Trainers<br>■ Sunscreen (spf less than 30)<br>■ Swimming Lessons |

Note: Over-the-counter medicines or drugs cannot be purchased with HRA funds unless accompanied by a prescription and the prescription is filled by a pharmacist.

### INELIGIBLE OVER-THE-COUNTER MEDICINES AND DRUGS (UNLESS PRESCRIBED IN ACCORDANCE WITH STATE LAWS)

| | | |
|---|---|---|
| ■ Acid controllers<br>■ Acne medications<br>■ Allergy & sinus<br>■ Antibiotic products<br>■ Antifungal (Foot)<br>■ Antiparasitic treatments<br>■ Antiseptics & wound cleansers<br>■ Anti-diarrheals<br>■ Anti-gas<br>■ Anti-itch & insect bite<br>■ Baby rash ointments & creams<br>■ Baby teething pain<br>■ Cold sore remedies<br>■ Contraceptives | ■ Cough, cold & flu<br>■ Denture pain relief<br>■ Digestive aids<br>■ Ear care<br>■ Eye care<br>■ Feminine antifungal & anti-itch<br>■ Fiber laxatives (bulk forming)<br>■ First aid burn remedies<br>■ Foot care treatment<br>■ Hemorrhoidal preps<br>■ Homeopathic remedies<br>■ Incontinence protection & treatment products<br>■ Laxatives (non-fiber) | ■ Medicated nasal sprays, drops, & inhalers<br>■ Medicated respiratory treatments & vapor products<br>■ Motion sickness<br>■ Oral remedies or treatments<br>■ Pain relief (includes aspirin)<br>■ Skin treatments<br>■ Sleep aids & sedatives<br>■ Smoking deterrents<br>■ Stomach remedies<br>■ Unmedicated nasal sprays, drops & inhalers<br>■ Unmedicated vapor products |

### ELIGIBLE OVER-THE-COUNTER ITEMS

| | | |
|---|---|---|
| ■ **Contraceptives**<br>Unmedicated condoms<br>■ **Denture Adhesives, Repair, and Cleansers**<br>PoliGrip, Benzodent, Plate Weld, Efferdent<br>■ **Diabetes Testing and Aids**<br>Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products<br>■ **Diagnostic Products**<br>Thermometers, blood pressure monitors, cholesterol testing<br>■ **Ear Care**<br>Unmedicated ear drops, syringes, ear wax removal | ■ **Elastics/Athletic Treatments**<br>ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts<br>■ **Eye Care**<br>Contact lens care<br>■ **First Aid Dressings and Supplies**<br>Band Aid, 3M Nexcare, non-sport tapes<br>■ **Foot Care Treatment**<br>Unmedicated corn and callus treatment (e.g., callus cushions), devices, therapeutic insoles<br>■ **Glucosamine &/or Chondroitin**<br>Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements<br>■ **Hearing Aid/Medical Batteries** | ■ **Home Health Care (limited segments)**<br>Ostomy, walking aids, decubitus/ pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheelchairs<br>■ **Incontinence Products**<br>Attends, Depend, GoodNites for juvenile incontinence, Prevail<br>■ **Reading Glasses and Maintenance Accessories** |

For additional information, contact Navia's Customer Service at (866) 897-1996.

# PERSONALINFORMATION ORGANIZER

## PERSONAL INFORMATION ORGANIZER

This Organizer can help you and your family track your financial information and other important documents. It also provides information that may be helpful to others if they need to assist you or if they are handling your affairs in the case of your death. You should review this information on an annual basis to keep all items current. Also remember to keep your beneficiary information up to date for your various policies, including life insurance and retirement benefits.

## FINANCES

### Bank Accounts

| | |
|---|---|
| Type of Account (checking, savings, other) | |
| Bank Name | |
| Address | |
| Phone Number | |
| Account Number | |
| If held jointly, indicate joint account holder's name | |

| | |
|---|---|
| Type of Account (checking, savings, other) | |
| Bank Name | |
| Address | |
| Phone Number | |
| Account Number | |
| If held jointly, indicate joint account holder's name | |

| | |
|---|---|
| Type of Account (checking, savings, other) | |
| Bank Name | |
| Address | |
| Phone Number | |
| Account Number | |
| If held jointly, indicate joint account holder's name | |

| | |
|---|---|
| Type of Account (checking, savings, other) | |
| Bank Name | |
| Address | |
| Phone Number | |
| Account Number | |
| If held jointly, indicate joint account holder's name | |

**Mutual Funds**

| | |
|---|---|
| Name of Company and Fund | |
| Address | |
| Phone Number | |
| Account Number | |

| | |
|---|---|
| Name of Company and Fund | |
| Address | |
| Phone Number | |
| Account Number | |

| | |
|---|---|
| Name of Company and Fund | |
| Address | |
| Phone Number | |
| Account Number | |

**Brokerage Accounts**

| | |
|---|---|
| Name of Broker and Brokerage Firm | |
| Address | |
| Phone Number | |
| Account Number | |

| | |
|---|---|
| Name of Broker and Brokerage Firm | |
| Address | |
| Phone Number | |
| Account Number | |

**Custodial Accounts And/Or Trusts**

| | |
|---|---|
| Name of person for whom account is established | |
| Account/Trust Type | |
| Where Invested | |
| Custodian/Trustee | |
| Address | |
| Phone Number | |

| | |
|---|---|
| Name of person for whom account is established | |
| Account/Trust Type | |
| Where Invested | |
| Custodian/Trustee | |
| Address | |
| Phone Number | |

**Retirement/Pension Benefits, Annuities & Accounts**

| | |
|---|---|
| Company Name | |
| Address | |
| Phone Number | |
| Account/Contract Number | |
| Beneficiary(ies) | |

| | |
|---|---|
| Company Name | |
| Address | |
| Phone Number | |
| Account/Contract Number | |
| Beneficiary(ies) | |

| | |
|---|---|
| Company Name | |
| Address | |
| Phone Number | |
| Account/Contract Number | |
| Beneficiary(ies) | |

## INSURANCE

**Life Insurance and/or Accidental Death & Dismemberment Insurance**

| | |
|---|---|
| Type of Insurance | |
| Type of coverage | |
| Amount of Coverage ($) | |
| Company | |
| Policy Number | |
| Agent (if applicable) | |
| Phone Number | |
| Beneficiary(ies) | |

| | |
|---|---|
| Type of Insurance | |
| Type of coverage | |
| Amount of Coverage ($) | |
| Company | |
| Policy Number | |
| Agent (if applicable) | |
| Phone Number | |
| Beneficiary(ies) | |

**Health Insurance (Medical, Dental, Vision Care and/or Long Term Care)**

| | |
|---|---|
| Type of Insurance | |
| Insurance Company | |
| Policy Number | |
| Phone Number | |

| | |
|---|---|
| Type of Insurance | |
| Insurance Company | |
| Policy Number | |
| Phone Number | |

| | |
|---|---|
| Type of Insurance | |
| Insurance Company | |
| Policy Number | |
| Phone Number | |

| | |
|---|---|
| Type of Insurance | |
| Insurance Company | |
| Policy Number | |
| Phone Number | |

**Homeowner's/Renter's Insurance (including umbrella policy)**

| | |
|---|---|
| Insurance Company | |
| Policy Number | |
| Agent | |
| Phone Number | |

| | |
|---|---|
| Insurance Company | |
| Policy Number | |
| Agent | |
| Phone Number | |

**Auto Insurance**

| | |
|---|---|
| Insurance Company | |
| Policy Number | |
| Agent | |
| Phone Number | |

| | |
|---|---|
| Insurance Company | |
| Policy Number | |
| Agent | |
| Phone Number | |

# CONTACT INFORMATION

| | Telephone # | Website/Email |
|---|---|---|
| | | |
| BSA Benefits Office | (631) 344-5126<br>(631) 344-5558<br>(631) 344-2886 | egettler@bnl.gov<br>ldapuzzo@bnl.gov<br>bsoeyadi@bnl.gov |
| | | |
| TIAA (for Retirement Plan and 401(k) Plan)<br>General Information<br>For appt.'s with financial counselor | (800) 842-2776<br>(800) 732-8353 | www.tiaa-cref.org/bnl<br>www.tiaa-cref.org/schedulenow |
| | | |
| The P & A Group (for Aetna Medical, Delta Dental, Vision Care and FSA billing) | (800) 688-2611 | www.padmin.com |
| | | |
| SelectQuote Senior (for healthcare exchange) | (866) 479-8317 | N/A |
| | | |
| Navia Benefit Solutions (for HRA) | (866) 897-1996 | www.naviabenefits.com |
| | | |
| | | |
| Social Security Administration | (800) 772-1213 | www.ssa.gov |
| | | |
| Medicare | (800) 633-4227 | www.medicare.gov |