

# BSA Benefits Program

At Brookhaven Science Associates, LLC (BSA), we know that benefits are an important part of employment. We are pleased to offer benefits that address immediate and long-term needs for you and your family - from insurance coverage to retirement income, and more.

This booklet provides you with an overview of your BSA benefits. Eligible employees can choose from a wide variety of programs designed to offer you the benefits that make the most sense for you and your family. Please review this booklet carefully before making your benefit choices.

Additional information on the benefit programs is available on the Benefits website at <https://www.bnl.gov/hr/Benefits/>. All references are in US dollars.

New employees who are eligible for benefits may elect benefits as of their first day of employment. Information on the benefits program begins on page 3. You may also be eligible to make changes to your benefits if you have a Qualifying Event. See page 18 for information on Qualifying Events.

This booklet describes the benefits program as of **1 January 2022** 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 documents and insurance agreements are controlling and govern final determination of benefits consistent with applicable laws and regulations.

## Here's What You'll Find In This Booklet

ITEM	PAGE #
<b>Healthcare Plan</b> .....	3
<b>Vacation Buy Plan</b> .....	5
<b>Reimbursement Accounts</b>	
Health Care Reimbursement Account.....	6
Dependent Day Care Reimbursement Account.....	7
Transit Commuter Reimbursement Account.....	8
Parking Reimbursement Account.....	8
<b>Long Term Disability Plan</b> .....	9
<b>Life Insurance and Accidental Death &amp; Dismemberment (AD&amp;D) Plan</b> .....	10
<b>Retirement Programs</b>	
Retirement Plan.....	13
401(k) Plan.....	14
Funds Available For Investment.....	15
<b>Other Programs and Benefits</b>	
Adoption Assistance Program.....	16
Tuition Assistance Program.....	16
Flexible Work Schedule.....	16
Travel Accident Insurance Plan.....	16
Sick Leave.....	17
Vacation.....	17
Holidays.....	17
<b>Qualifying Events</b> .....	18
<b>Open Enrollment</b> .....	19
<b>Contact Information</b> .....	20

## Healthcare Plan

We are pleased to offer you the Aetna International Healthcare Plan for medical, dental, and vision care coverages that can be used worldwide.

**Q: Is enrollment in the Healthcare Plan voluntary?**

**A:** Eligible BSA employees who are working at CERN must maintain healthcare coverage based on requirements in Switzerland and France. Employees working in other locations outside of the U.S. must comply with rules applicable to those countries.

Employees working at CERN are required to either:

- Enroll in the Aetna International Healthcare Plan through BSA if they are on assignment to CERN for 6 months or more, or
- If you are a Swiss citizen, you may instead enroll in a plan available through the canton in which you reside, or
- If your spouse or domestic partner is employed, you may instead enroll in your spouse's or domestic partner's insurance, if you are eligible to do so.

**Q: Am I eligible to participate?**

**A:** You may participate as of your first day of employment if you are a regular employee working at least 20 hours per week.

**Q: What is the benefit?**

**A:** The Aetna International Plan provides coverage for many medical, dental, and vision care services. Go to [www.bnl.gov/hr/Benefits/](http://www.bnl.gov/hr/Benefits/) for additional information.

**Q: Can I also enroll my family for the Aetna International plan?**

**A:** Yes. As long as you enroll yourself for healthcare coverage, you can also enroll the following dependents:

- Your spouse or your domestic partner.
- Your children, including a child for whom you have legal guardianship, and your domestic partner's children up to the end of the month in which they attain age 26 (including your adopted or stepchildren or a child for whom you have legal guardianship). Additional details may apply.
- Your unmarried children age 26 or older who are mentally or physically incapable of self-support

**Q: How does this plan work?**

**A:** Once you are enrolled in the Aetna International Plan, you will receive an identification (ID) card and a package containing information about the program from Aetna, including information on how to file a claim. You can locate a provider in Aetna's International plan through their customer service (phone & website). You will need to contact Aetna International when you schedule services to arrange for a direct settlement Letter of Authorization (LOA) (go to [www.bnl.gov/hr/Benefits/](http://www.bnl.gov/hr/Benefits/) for additional information). Show your ID card to your healthcare provider (medical, dental, and/or vision care). If you are using a provider that is in Aetna's International network, your cost will be based on Aetna's coverage schedule. Outside of the U.S., most medical costs are covered in full. If you are not using a provider that is in Aetna's International network, you will need to pay the entire cost and then submit information on your claims to Aetna for the applicable reimbursement under the plan. It can take approximately 8 weeks to receive your reimbursement from Aetna.

**Q: What is the cost of coverage?**

**A:** The current monthly cost of coverage is as follows and is withheld each month from your paycheck. The Annual Base Salary category for eligible part-time employees is based on their full-time equivalent salary. These costs also apply to all employees who are on an approved leave of absence.

Coverage	Monthly Contribution			
	Annualized Base Pay			
	Less than \$70,000	\$70,000- \$99,999	\$100,000- \$174,999	\$175,000+
Employee Only	\$ 67.45	\$ 90.20	\$ 109.71	\$ 129.21
Employee & Spouse	\$ 159.44	\$ 211.95	\$ 257.77	\$ 303.60
Employee & Child	\$ 148.74	\$ 197.73	\$ 240.48	\$ 283.23
Employee and Children	\$ 148.74	\$ 197.73	\$ 240.48	\$ 283.23
Employee & Family	\$ 233.36	\$ 313.97	\$ 381.86	\$ 449.75

**Q: How do I sign up?**

**A:** New employees sign up for coverage by completing the [Benefits Election Form](#) and the [Aetna International enrollment form](#) within 30 days from your first day of employment. These forms will be provided to you by the Benefits Office. Scan these forms and return them by email to [egettler@bnl.gov](mailto:egettler@bnl.gov).

You may also be eligible to sign up for coverage if you have a Qualifying Event. See the Open Enrollment section and the Qualifying Events section for more information.

**Q: Can I make changes to my coverage?**

**A:** Yes. If you have a Qualifying Event, you may be eligible to add or drop coverage or dependents at that time. See the Qualifying Events section for more information. You may also change your coverage during the Open Enrollment period, and coverage will be effective 1 January of the following calendar year. See the Open Enrollment section for more information.

**Q: Will my election automatically continue into the next calendar year?**

**A:** Yes. The elections you have in place for the Aetna International program will roll forward from one year to the next for you and your eligible family members only if all criteria for eligibility are met.

**Q: Where can I get more information on the programs?**

**A:** Information on the plan is provided on the Benefits website at [www.bnl.gov/hr/Benefits/](http://www.bnl.gov/hr/Benefits/). You may also go to the Aetna international website at [aiservice@aetna.com](mailto:aiservice@aetna.com) or contact them at (800) 231-7729 or (813) 344-0190, or contact the Benefits Office at (631) 344-5126, (631) 344-3724 or (631) 344-2877.

## Vacation Buy Plan

We are pleased to offer you a Vacation Buy Plan where you can purchase additional vacation time (on a pre-tax basis, if applicable) and spread the cost of doing so over the calendar year. For information on time-off for accrued vacation provided by the Laboratory, see the Vacation section in the back of this booklet.

**Q: Is enrollment in the Vacation Buy Plan voluntary?**

**A:** Yes.

**Q: Am I eligible to participate?**

**A:** You may participate as of your first day of employment if you are a regular employee working at least 20 hours per week.

**Q: What is the benefit?**

**A:** You may purchase a minimum of 8 hours (up to a maximum of 40 hours) of vacation time in 1-hour increments each calendar year in addition to the vacation time you are eligible to receive from the Laboratory. Vacation buy benefits for eligible part-time employees will be prorated according to your official work schedule. Additional vacation time is paid for through pre-tax payroll deductions taken equally from your paychecks throughout the year. The hours of vacation you purchase become available to you as of your date of employment. Each year thereafter, if you buy vacation time, the hours of vacation you purchase become available to you as of 1 January of the following year.

**Q: How is the cost of purchased vacation time determined?**

**A:** For a full calendar year, divide your full-time Annual Base Salary by 2,080. You can prorate this accordingly for a partial year. Your Base Salary is the amount that will be reflected on your W-2 statement (if applicable) before exercise of any salary reductions. Overtime payments, shift premiums, termination payments, severance pay, and other forms of compensation are not included in Base Salary.

**Q: Will purchasing vacation time affect any other benefits?**

**A:** When you purchase vacation time, you buy unpaid time off but stretch the cost over the entire year. Since the Retirement Plan and the 401(k) Plan contributions are based on actual base pay, you do not receive and cannot make contributions for the unpaid time.

**Q: What happens if I don't use up all of the vacation time I have purchased?**

**A:** It will not be carried over to the next calendar year. That remaining time will be paid back to you in your last paycheck in December based on the rate at which it was purchased. The amount you are reimbursed will be taxable in your paycheck. Any applicable contributions to the Retirement Plan and 401(k) Plan will be made at that time.

**Q: How can vacation buy time be used?**

**A:** The use of all vacation time requires the approval of your supervisor and must be in accordance with Laboratory vacation policies. When you record the vacation buy hours on your timecard, you will use a special vacation buy code. Vacation buy time can only be used after your regular accrued vacation time has been exhausted. The deadline for use of 2022 vacation buy time is 20 December 2022 for monthly employees and 25 December 2022 for weekly employees.

**Q: How do I sign up?**

**A:** New employees sign up for coverage by completing the Benefits Election Form within 30 days from your first day of employment. This form will be provided to you by the Benefits Office. Scan the form and return it by email to [egettler@bnl.gov](mailto:egettler@bnl.gov). All eligible employees may sign up for coverage during the Open Enrollment period. See the Open Enrollment section for more information.

**Q: Can I make changes to my coverage?**

**A:** You can only make a change in your election if it corresponds to a change in the number of hours you are scheduled to work.

**Q: Will my election automatically continue into the next calendar year?**

**A:** No. If you want to participate in the program each year, you must enroll each year during the Open Enrollment period. Your election will not roll forward from one year to the next.

**Q: What happens when I terminate employment?**

**A:** The benefits will cease on the earlier of the date your employment terminates or the date you are no longer eligible for coverage. 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.

**Q: Where can I get more information on the program?**

**A:** Additional information is available on the web at [www.bnl.gov/hr/Benefits/](http://www.bnl.gov/hr/Benefits/), or through the Benefits Office at (631) 344-5126, (631) 344-3724 or (631) 344- 2877.

## Health Care Reimbursement Account

We are pleased to offer you a Health Care Reimbursement Account that allows you to pay for a variety of health care expenses on a pre-tax basis, if applicable.

**Q: Is enrollment in the Health Care Reimbursement Account voluntary?**

**A:** Yes.

**Q: Am I eligible to participate?**

**A:** You may participate as of your first day of employment if you are a regular employee working at least 20 hours per week.

**Q: What is the benefit?**

**A:** You may reimburse yourself with pre-tax dollars for eligible out-of-pocket expenses. By paying for expenses on a pre-tax basis, you reduce your income for the purpose of state, federal and Social Security taxes, if any. You estimate how much you expect to spend on unreimbursed health care expenses for the calendar year and have that amount withheld pre-tax from your paychecks throughout the year in equal monthly amounts.

You may either pay for your qualified purchases using the PayFlex debit card at the point of service or you can file a claim (online, by paper, or by fax). Claims are processed daily. Certain expenses paid for with the debit card require submission of documentation to substantiate the claim. Unsubstantiated expenses are considered overpayments and must be repaid. You have until 31 March of the following calendar year to submit claims for expenses incurred.

**Q: Is there a limit to the amount I can contribute?**

**A:** Yes. You may contribute from a minimum of \$300 to a maximum of \$2,750 in calendar year 2022. (This IRS limit is subject to change.)

**Q: Will reducing my taxable salary by contributing to this program affect any other benefits?**

**A:** It may. If your annual salary is below the Social Security wage base, your future Social Security benefit may be reduced.

**Q: What happens if I don't use up all the money I have contributed?**

**A:** The IRS requires you to forfeit all amounts that you do not use toward expenses incurred in the calendar year.

**Q: What types of expenses are reimbursable?**

**A:** You can be reimbursed for many expenses incurred by you or your eligible dependents that the IRS allows as income tax deductions, but not all items that qualify as a tax deduction also qualify for the reimbursement account. Premiums paid for health care coverage cannot be reimbursed. Eligible expenses include but are not limited to:

- Deductibles and copayments not covered by your medical, dental and/or vision care programs
- Out-of-pocket medical, dental and/or vision care expenses and charges above reasonable and customary levels
- Hearing and vision care expenses such as eye exams, eyeglasses and contact lenses
- Annual physical examinations
- Approved weight-loss and stop-smoking programs, if prescribed by a physician to treat a specific condition
- Over-the-counter medications used to alleviate or treat personal illness or injuries if they are deemed as medically necessary.

You can use IRS Publication 502 at <http://www.irs.gov/pub/irs-pdf/p502.pdf> as a guide, but not all items that qualify for a tax deduction also qualify for the reimbursement account.

**Q: Who is an eligible dependent?**

**A:** A dependent for the purpose of the Health Care Reimbursement Account includes your spouse and, in general, a dependent you can claim as an exemption on your U.S. federal tax return.

**Q: How do I sign up?**

**A:** New employees sign up for coverage by completing the [Benefits Election Form](#) within 30 days from your first day of employment. This form will be provided to you by the Benefits Office. Scan the form and return it by email to [egettler@bnl.gov](mailto:egettler@bnl.gov). All eligible employees may sign up for coverage during the Open Enrollment period. You may also be eligible to sign up for coverage if you have a Qualifying Event. See the Open Enrollment section and the Qualifying Events section for more information.

**Q: Can I make changes to my coverage?**

**A:** Yes. If you have a Qualifying Event, you may be eligible to add or drop coverage at that time. See the Qualifying Events section for more information. You may also change your coverage during the Open Enrollment period, and coverage will be effective 1 January of the following calendar year. See the Open Enrollment section for more information.

**Q: Will my election automatically continue into the next calendar year?**

**A:** No. If you want to participate in the program each year, you must enroll each year during the Open Enrollment period. Your election will not roll forward from one year to the next.

**Q: Where can I get more information on the program?**

**A:** Additional information is available on the web at [www.bnl.gov/hr/Benefits/](http://www.bnl.gov/hr/Benefits/), or through the Benefits Office at (631) 344-5126, (631) 344-3724 or (631) 344- 2877, or through PayFlex at [www.payflex.com](http://www.payflex.com).

## Dependent Day Care Reimbursement Account

We are pleased to offer you a Dependent Day Care Reimbursement Account that allows you to pay day care expenses on a pre-tax basis, if applicable.

**Q: Is enrollment in the Dependent Day Care Reimbursement Account voluntary?**

**A:** Yes.

**Q: Am I eligible to participate?**

**A:** You may participate as of your first day of employment if you are a regular employee working at least 20 hours per week and are:

- A single parent who requires dependent day care so you can work, or
- Married and require day care so you and your spouse can work, seek employment, or be a full-time student.

**Q: What is the benefit?**

**A:** You may reimburse yourself with pre-tax dollars for eligible out-of-pocket expenses. By paying for expenses on a pre-tax basis, you reduce your income for the purpose of state, federal and Social Security taxes, if any. You estimate how much you expect to spend on dependent day care expenses for the calendar year and have that amount withheld pre-tax from your paychecks throughout the year in equal monthly amounts.

You may either pay for your qualified purchases using the PayFlex debit card or you can file a claim (online, by paper, or by fax). Claims are processed daily. Expenses paid for with the debit card require submission of documentation to substantiate the claim. You have until 31 March of the following calendar year to submit claims for expenses incurred.

**Q: Is there a limit to the amount I can contribute?**

**A:** Yes. You may contribute a minimum of \$300 each calendar year. If you are married and file a joint U.S. federal tax return or are single, the maximum you may contribute is \$5,000. If you are married and file separate income tax returns, the maximum you may contribute is \$2,500. This IRS limit is subject to change.

**Q: Will reducing my taxable salary by contributing to this program affect any other benefits?**

**A:** It may. If your annual salary is below the Social Security wage base, your future Social Security benefit may be reduced.

**Q: What happens if I don't use up all the money I have contributed?**

**A:** The IRS requires you to forfeit all amounts that you do not use toward expenses incurred in the calendar year.

**Q: What types of expenses are reimbursable?**

**A:** You can be reimbursed for many expenses incurred by you or your eligible dependents that the IRS allows as income tax deductions, but not all items that qualify as a tax deduction also qualify for the reimbursement account. Eligible expenses include but are not limited to:

- Care of a dependent in your home by a paid provider
- Care of a dependent outside your home by a licensed nursery, day care center or summer camp
- Household services, such as a housekeeper, provided some portion of the service is to a dependent.

You can use IRS Publication 503 at <http://www.irs.gov/pub/irs-pdf/p503.pdf> as a guide, but not all items that qualify for a tax deduction also qualify for the reimbursement account.

A relative is considered an eligible provider of dependent day care if he/she is not claimed as your dependent for tax purposes. The provider's name, address, and Tax Identification Number or Social Security Number must be supplied to receive reimbursement.

**Q: Who is an eligible dependent?**

**A:** A dependent for the purpose of the Dependent Day Care Reimbursement Account includes:

- A child under age 13 who is claimed as a dependent on your income tax return. Claims incurred on or after a child's 13<sup>th</sup> birthday will not be covered.
- Any dependent you claim for income tax purposes that requires day care because of physical or mental inability.

**Q: How do I sign up?**

**A:** New employees sign up for coverage by completing the Benefits Election Form within 30 days from your first day of employment. This form will be provided to you by the Benefits Office. Scan the form and return it by email to [egettler@bnl.gov](mailto:egettler@bnl.gov). All eligible employees may sign up for coverage during the Open Enrollment period. You may also be eligible to sign up for coverage if you have a Qualifying Event. See the Open Enrollment section and the Qualifying Events section for more information.

**Q: Can I make changes to my coverage?**

**A:** Yes. If you have a Qualifying Event, you may be eligible to add or drop coverage at that time. See the Qualifying Events section for more information. You may also change your coverage during the Open Enrollment period, and coverage will be effective 1 January of the following calendar year. See the Open Enrollment section for more information.

**Q: Will my election automatically continue into the next calendar year?**

**A:** No. If you want to participate in the program each year, you must enroll each year during the Open Enrollment period. Your election will not roll forward from one year to the next.

**Q: Where can I get more information on the program?**

**A:** Additional information is available on the web at [www.bnl.gov/hr/Benefits/](http://www.bnl.gov/hr/Benefits/), or through the Benefits Office at (631) 344-5126, (631) 344-3724 or (631) 344- 2877, or through PayFlex at [www.payflex.com](http://www.payflex.com).

## Transit Commuter Reimbursement Account

### Parking Reimbursement Account

We are pleased to offer you a Transit Commuter Reimbursement Account and a Parking Reimbursement Account that allow you to pay for eligible expenses related to your commute to and from work on a pre-tax basis, if applicable.

**Q: Is enrollment in these Reimbursement Accounts voluntary?**

**A:** Yes.

**Q: Am I eligible to participate?**

**A:** You may participate as of your first day of employment if you are a regular employee working at least 20 hours per week.

**Q: What is the benefit?**

**A:** You may reimburse yourself with pre-tax dollars for your eligible out-of-pocket expenses. By paying for expenses on a pre-tax basis, you reduce your income for the purpose of state, federal and Social Security taxes, if any. You estimate how much you expect to spend on eligible expenses for the calendar year and have that amount withheld pre-tax from your paychecks throughout the year in equal monthly amounts.

You may either pay for your qualified purchases using the PayFlex debit card at the point of service or you can file a claim (online, by paper, or by fax). Claims are processed daily. Expenses paid for with the debit card require submission of documentation to substantiate the claim. You have until 31 March of the following calendar year to submit claims for expenses incurred.

**Q: Is there a limit to the amount I can contribute?**

**A:** Yes. You may contribute from a minimum of \$25 per month to a maximum of \$3,240 each calendar year (but no more than \$270 per month) to each of these Reimbursement Accounts. (This IRS limit is subject to change.)

**Q: Will reducing my taxable salary by contributing to this program affect any other benefits?**

**A:** It may. If your annual salary is below the Social Security wage base, your future Social Security benefit may be reduced.

**Q: What happens if I don't use up all the money I have contributed?**

**A:** Unspent funds roll over into the following calendar year. You must re-enroll during the Open Enrollment period to continue contributions in the next year. Unspent funds will be forfeited if you terminate employment.

**Q: What types of expenses are reimbursable?**

**A:** You can be reimbursed from the Transit Commuter Reimbursement Account for the cost of vanpooling, trains, ferries and buses to and from work. Parking, gasoline, carpool, telecommuting expenses and fares (such as airplane, limousine and taxi) are not eligible for reimbursement from the Transit Commuter Reimbursement Account.

You can be reimbursed from the Parking Reimbursement Account for the cost of garage, parking lot, commuter lot or metered parking expenses related to your commute to and from work. Parking fines and parking tickets are not eligible for reimbursement.

Transit commuter expenses cannot be reimbursed from a Parking Reimbursement Account, nor parking expenses from a Transit Commuter Reimbursement Account.

**Q: How do I sign up?**

**A:** New employees sign up for coverage by completing the Benefits Election Form within 30 days from your first day of employment. This form will be provided to you by the Benefits Office. Scan the form and return it by email to [egettler@bnl.gov](mailto:egettler@bnl.gov). All eligible employees may sign up for coverage during the Open Enrollment period. See the Open Enrollment section for more information. You may also sign up at any time during the year.

**Q: Can I make changes to my coverage?**

**A:** Yes. You may make changes to this coverage at any time including electing, dropping, or changing your contribution by notifying the Benefits Office.

**Q: Will my election automatically continue into the next calendar year?**

**A:** No. If you want to participate in the program each year, you must enroll each year during the Open Enrollment period. Your election will not roll forward from one year to the next.

**Q: Where can I get more information on the program?**

**A:** Additional information is available on the web at [www.bnl.gov/hr/Benefits/](http://www.bnl.gov/hr/Benefits/), or through the Benefits Office at (631) 344-5126, (631) 344-3724 or (631) 344- 2877, or through PayFlex at [www.payflex.com](http://www.payflex.com).



## Long Term Disability Plan

We are pleased to offer you Long Term Disability Plan coverage. For employees who are working outside the U.S. who are not U.S. citizens, your coverage will be through Global Benefits Group (GBG). For employees who are working outside the U.S. who are U.S. citizens, your coverage will be through Lincoln Financial Group (LFG). Coverage for both groups is similar but not identical.

**Q: Is enrollment in the Long Term Disability (LTD) Plan voluntary?**

**A:** No. Participation in the LTD Plan is mandatory.

**Q: Am I eligible to enroll?**

**A:** For regular employees who are not U.S. citizens, who work at least 20 hours per week, and are expected to work outside the U.S. for 6 months or more, you will automatically be enrolled in the GBG program as of your first day of employment. For regular employees who are U.S. citizens, who work at least 20 hours per week, and are expected to work outside the U.S. for 6 months or more, you will automatically be enrolled in the LFG program upon completion of one year of active service. Additional criteria may apply.

**Q: What is the benefit?**

**A:** If you become totally disabled for a continuous period of 180 days as a result of an accident or illness and are approved for the benefit by the insurance company, commencing with the 181<sup>st</sup> day of disability, the LTD insurance program provides a maximum benefit of 60% of your Base Salary plus a contribution to the BSA Retirement Plan, if eligible. The duration of LTD benefits depends on several factors including, but not limited to, your age at disablement. LTD benefits are offset by other sources of income.

**Q: What is the cost of coverage?**

**A:** The cost of LTD insurance coverage is shared by you and the Laboratory. LTD coverage is paid for on an after-tax basis through your paycheck and costs \$0.431 per \$100 of annual Base Salary.

Here's an example of the cost for LTD Insurance coverage.

If your annual Base Salary is \$70,000 and you have LTD insurance coverage:

Maximum LTD Coverage Amount:	\$3,500 per month	(\$70,000 x 60% / 12 months)
Cost of Coverage:	\$25.14 per month	(\$70,000 x \$0.431 / \$100 / 12 months)

**Q: How do I sign up?**

**A:** You will be signed up for coverage automatically and will be eligible to participate in the plan after meeting the eligibility requirements indicated above.

**Q: Where can I get more information on the program?**

**A:** Additional information is available on the web at [www.bnl.gov/hr/Benefits/](http://www.bnl.gov/hr/Benefits/), or through the Benefits Office at (631) 344-7516.

## Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance Plan

We are pleased to offer you Life Insurance and AD&D Insurance coverages. For employees who are working outside the U.S. who are not U.S. citizens, your coverage will be through Global Benefits Group (GBG). For employees who are working outside the U.S. who are U.S. citizens, your coverage will be through Lincoln Financial Group (LFG). Coverage for both groups is similar but not identical.

The Life Insurance and AD&D Insurance Plan consists of:

Employee Basic Life Insurance	Spouse or Domestic Partner Voluntary Life Insurance
Employee Voluntary Life Insurance	Spouse or Domestic Partner Voluntary AD&D Insurance
Employee Basic AD&D Insurance	Dependent Child Voluntary Life Insurance
Employee Voluntary AD&D Insurance	(see chart for additional information)

**Q: Is enrollment in the Life Insurance and AD&D Plan voluntary?**

**A:** Employee Basic Life Insurance and Employee Basic AD&D Insurance are mandatory and are paid for by BSA. All other Insurances indicated above are voluntary and paid for by the employee.

**Q: Am I eligible to participate?**

**A:** You may participate as of your first day of employment if you are a regular employee working at least 20 hours per week.

**Q: What is the benefit?**

**A:** The Life Insurance and AD&D Insurance Plan provides life insurance in the case of death and AD&D insurance in the case of certain dismembering injuries or accidental death. A summary of the life and AD&D insurance programs is provided below. Additional details may apply.

Insurance Company	LFG	GBG
<b>Employee Basic Life Insurance Benefit</b>	1 x annual base salary (rounded to the next higher multiple of \$2,500)	1 x annual base salary
<b>Maximum Employee Life Insurance Benefits</b>	\$1,000,000 (for Employee Basic Life Insurance)  \$1,250,000 (combined for Employee Basic Life Insurance & Employee Voluntary Life Insurance)	\$1,000,000 (combined for Employee Basic & Voluntary Life Insurance)  Aggregate limit: \$1,000,000 (Coverage is prorated if multiple BSA insured claims are due to a common catastrophic incident.)
<b>Employee Basic AD&amp;D Insurance Benefit</b>	\$25,000	\$25,000
<b>Voluntary Life &amp; AD&amp;D Insurance Benefits</b>  These are in addition to Basic Life and Basic AD&D Insurances and are paid for by the employee.	Employee: 1-4 times annual base salary*  • 1 times annual base salary (rounded to the next higher multiple of \$2,500) • 2-4 times annual base salary (rounded to the nearest \$500)  Allows <u>separate</u> Employee Voluntary Life and Employee Voluntary AD&D Insurance elections and amounts.  The amount of Employee Basic AD&D Insurance coverage plus Employee Voluntary AD&D Insurance coverage may not exceed \$1,250,000.  Spouse or Domestic Partner: \$50,000-\$500,000** (in \$50,000 increments)  Allows <u>separate</u> Voluntary Life and Voluntary AD&D Insurance elections and amounts.  You must elect Employee Voluntary Life Insurance to be eligible to elect Spouse or Domestic Partner Voluntary Life Insurance. The amount of Spouse or Domestic Partner Voluntary Life Insurance elected cannot exceed the total amount of Employee Basic Life Insurance plus Employee Voluntary Life Insurance.  You must elect Employee Voluntary AD&D Insurance to be eligible to elect Spouse or Domestic Partner Voluntary AD&D Insurance. The amount of Spouse or Domestic Partner Voluntary AD&D Insurance elected cannot exceed the total amount of Employee Basic AD&D Insurance plus Employee Voluntary AD&D Insurance (not to exceed \$1,250,000).	Employee: 1-4 times annual base salary  You cannot elect different Employee Voluntary Life and Employee Voluntary AD&D Insurance amounts. They are a combined insurance coverage.  Spouse or Domestic Partner: \$50,000-\$500,000  You cannot elect different Spouse or Domestic Partner Voluntary Life and Spouse or Domestic Partner Voluntary AD&D Insurance amounts. They are a combined insurance coverage.  You must elect Employee Voluntary Life Insurance to be eligible to elect Spouse or Domestic Partner Voluntary Life Insurance.  You must elect Employee Voluntary AD&D Insurance to be eligible to elect Spouse or Domestic Partner Voluntary AD&D Insurance.

	Child Voluntary Life Insurance: \$10,000 (age 15 days to 19 years old (or up to age 25 if the child is a full-time student))	Child Voluntary Life Insurance: \$10,000 (up to age 26)
<b>Reduction of Benefit (at age 65 and older)</b>	67% at 65 45% at 70 33% at 75 20% at 80+	67% at 65 45% at 70 33% at 75 0% at 80
<b>Guaranteed Issue Limits for Voluntary Life Insurance (without Evidence of Insurability)</b>	Employee: 2x base pay up to \$1,000,000  Spouse: \$50,000  Child: \$10,000	Employee: \$400,000  Spouse: \$50,000  Child: \$10,000
<b>Repatriation of Remains Benefit</b>	\$5,000	\$5,000

\* Election of Employee Voluntary Life Insurance coverage through LFG in excess of 2 times annual base salary after your first 90 days of employment with BSA requires you to submit evidence of insurability to the insurance company. Such change in insurance is only effective if approved by the insurance company.

\*\* Election of Spouse or Domestic Partner Voluntary Life Insurance coverage through LFG in excess of \$50,000 during your first 90 days of employment requires your spouse to submit evidence of insurability to the insurance company. After the first 90 days, EOI is required for election of Spouse or Domestic Partner Voluntary Life Insurance coverage. Such change in insurance is only effective if approved by the insurance company.

For employees and their spouses or domestic partners who both work for BSA, an employee cannot be considered both an employee and a spouse or domestic partner under the Employee Voluntary Life and Spouse or Domestic Partner Voluntary Life and AD&D insurance plans.

Life Insurance amounts are adjusted based on the employee's work schedule for eligible part-time employees and their applicable spouse.

**Q: When is Evidence of Insurability (EOI) required?**

**A:** You must submit evidence of insurability to the insurance company as follows:

For LFG Voluntary insurance coverages:

- If you elect Employee Voluntary Life Insurance coverage of more than 2 times annual base salary and/or Spouse or Domestic Partner Voluntary Life Insurance of more than \$50,000 coverage (within 90 days from your first day of eligibility for such benefits).
- If you elect any Voluntary coverages more than 89 days after your first day of eligibility for such benefits.

For GBG Voluntary insurance coverages:

- If you elect any Voluntary coverages (within 30 days from your first day of eligibility for such benefits) that exceed the Guaranteed Issue Limits indicated above.
- If you elect any Voluntary coverages more than 29 days after your first day of eligibility for such benefits.

If you elect any Voluntary coverages that require EOI, such amounts will not be effective until approval is received from GBG and paid for through employee premiums.

If you elect any Voluntary coverages (within 30 days from your first day of employment) that require EOI, the next lower coverage available that does not require EOI will be used for election purposes, until approval is received from the insurance company for such higher amount and paid for through employee premiums.

**Q: What is the cost of coverages?**

**A:** The cost of each coverage is indicated below.

Type of Coverage	Monthly Cost to Employee per \$1,000 of Coverage (through LFG)	Monthly Cost to Employee per \$1,000 of Coverage (through GBG)
<b>Employee Basic Life Insurance</b>	Paid by BSA	Paid by BSA
<b>Employee Voluntary Life Insurance</b> Cost is based on age of employee	Up to age 29: \$0.080 Age 30-44: \$0.200 Age 45+: \$0.300  Paid by employee	Up to age 35: \$0.052 Age 35-39: \$0.068 Age 40-44: \$0.114 Age 45-49: \$0.203 Age 50-54: \$0.363 Age 55-59: \$0.635 Age 60: \$0.868 Age 61: \$0.972 Age 62: \$1.087 Age 63: \$1.214 Age 64: \$1.355  Paid by employee
<b>Employee Basic AD&amp;D Insurance</b>	Paid by BSA	Paid by BSA
<b>Employee Voluntary AD&amp;D Insurance</b>	\$0.025  Paid by employee	Included in Employee Voluntary Life Insurance premium (indicated above)  Paid by employee
<b>Spouse or Domestic Partner Voluntary Life Insurance</b> Cost is based on age of spouse or domestic partner	Up to age 29: \$0.080 Age 30-44: \$0.200 Age 45+: \$0.300  Paid by employee	Up to age 35: \$0.052 Age 35-39: \$0.068 Age 40-44: \$0.114 Age 45-49: \$0.203 Age 50-54: \$0.363 Age 55-59: \$0.635 Age 60: \$0.868 Age 61: \$0.972 Age 62: \$1.087 Age 63: \$1.214 Age 64: \$1.355  Paid by employee
<b>Spouse or Domestic Partner Voluntary AD&amp;D Insurance</b>	\$0.025  Paid by employee	Included in Spouse or Domestic Partner Voluntary Life Insurance premium (indicated above)  Paid by employee
<b>Child Voluntary Life Insurance</b>	\$0.200 (total cost for all children)  Paid by employee	\$0.520 (cost per child)  Paid by employee

**Q: How do I sign up?**

**A:** You will automatically be signed up for Employee Basic Life and AD&D Insurance on your first day of eligibility. You may also elect LFG Voluntary coverages by enrolling through PeopleSoft HR employee self-service, although some Voluntary coverages require EOI. An EOI form may also need to be completed. These forms will be provided to you by the Benefits Office. You will also designate a beneficiary(ies) for your coverage.

**Q: Can I make changes to my coverage?**

**A:** Yes. You may decrease or drop your Voluntary coverages at any time. You must meet the applicable eligibility criteria and be “actively at work” to elect Voluntary coverages and/or increases to your Voluntary coverages. Election of new Voluntary coverages and/or increases in coverage may require evidence of insurability (EOI). See above for additional information on when EOI is required.

For increases in coverage through LFG:

To begin the process, log into PeopleSoft HR and click the following links: Employee Self Service, Benefits, Benefits Home, Life Insurance, and then select Edit Your Coverage Amount. You need to first make your new elections. Then if the change is related to coverage for you, you must complete and submit evidence of insurability information through the online link in PeopleSoft. If the change is related to coverage for your spouse, you must print out the Evidence of Insurability Form, and submit it to LFG.

For increases in coverages through GBG:

Request a GBG “Application for Individual Coverage” form from the Benefits Office at (631) 344-7516, and submit it to GBG.

**Q: Can I make changes to my beneficiary(ies)?**

**A:** Yes. To change the beneficiary(ies) for Life Insurance at any time, you may make the change online. To make your change, log into PeopleSoft HR and click on the following links: Employee Self Service, Benefits, Benefits Home, Life Insurance, and complete the applicable section(s). You are the beneficiary for Spouse or Dependent Child Insurance.

**Q: Where can I get more information on the program?**

**A:** Additional information is available on the web at [www.bnl.gov/hr/Benefits/](http://www.bnl.gov/hr/Benefits/), or through the Benefits Office at (631) 344-7516.

## Retirement Plan

We are pleased to offer you the BSA Retirement Plan. You can choose to invest Retirement Plan contributions in approved investment funds.

**Q: Is enrollment in the Retirement Plan voluntary?**

**A:** No. Participation is mandatory once you meet the eligibility requirements to participate.

**Q: Am I eligible to participate?**

**A:** You must work at least 1,000 hours per year to be eligible to participate in the plan. Employees who were not participating in the plan on December 31, 2006 will be enrolled upon the earlier of (a) attainment of age 21 and the completion of one year of continuous service or (b) the attainment of age 30 and the completion of 6 months of continuous service.

Employees must have a valid Social Security Number or Tax Identification Number to be eligible to participate in this plan. Such employees who would otherwise be eligible for the Retirement Plan, but do not have a valid Social Security Number or Tax Identification Number, will not receive a benefit in this plan but will, instead, receive an alternate benefit as described under the "What is the benefit?" section below.

Employees who work on a part-time, temporary or irregular basis must complete 1,000 hours of service each year to be credited with a year of service. Persons with guest or visitor appointments, research associates (including RAs, junior RAs, senior RAs, and research fellows), and student assistants are not eligible to participate in this plan. Additional criteria may apply.

**Q: What is the benefit?**

**A:** For employees who are eligible to participate in this plan who were hired or rehired on or after 1 January 2011, the Laboratory contributes an amount equal to 9% of your Base Salary to this plan. You are not required or allowed to contribute to this plan.

You can allocate the contributions between approved investment funds. The list of funds is on page 15.

For employees who began participating in the plan after 31 December 2006, the money that is contributed is vested as follows: 0% after one year of service, 25% after 2 years of service, 50% after 3 years of service, 75% after 4 years of service and 100% after 5 years of service.

You will receive quarterly statements from TIAA.

Employees who would otherwise be eligible for Retirement Plan benefits, but do not have a valid Social Security Number or Tax Identification Number, will be provided monthly payments into their paychecks in an amount equivalent to the Retirement Plan benefit indicated below, including application of all limits.

**Q: Is there a limit to the amount the Laboratory will contribute?**

**A:** Yes. The Internal Revenue Service (IRS) limits the amount of your annual Base Salary that can be used for the purpose of contributions to the Plan, and such limit is subject to change.

**Q: How do I sign up?**

**A:** If you become eligible to participate in the plan, you will automatically be enrolled in the plan in our default investment fund, the TIAA-CREF Lifecycle Fund, based on your year of birth, and your estate will be designated as your beneficiary. You will receive information from TIAA on the Lifecycle Fund and how to change your asset allocation and your beneficiary designation.

**Q: Can I make changes to my investment allocations?**

**A:** Yes. You can change your allocation of contributions among the various investment options at any time. If you want to change the allocation, you must contact TIAA directly.

**Q: Can I make changes to my beneficiary(ies)?**

**A:** Yes. To change the beneficiary(ies) for your Retirement Plan you must go to [www.tiaa-cref.org/bnl](http://www.tiaa-cref.org/bnl).

**Q: Are loans available from the plan?**

**A:** No.

**Q: Are withdrawals available from this plan?**

**A:** Employees are not permitted to take withdrawals from this plan. Withdrawals may be available after termination of employment. Restrictions apply.

**Q: Does this plan accept rollover contributions from other plans?**

**A:** No.

**Q: Where can I get more information on the plan?**

**A:** Additional information is available on the web at [www.bnl.gov/hr/Benefits/](http://www.bnl.gov/hr/Benefits/) or [www.tiaa-cref.org/bnl](http://www.tiaa-cref.org/bnl) or through the Benefits Office at (631) 344-7516.

## 401(k) Plan

We are pleased to offer you the BSA 401(k) Plan. You can choose to invest 401(k) contributions in approved investment funds.

**Q: Is enrollment in the 401(k) Plan voluntary?**

**A:** Yes.

**Q: Am I eligible to participate?**

**A:** If you are a full-time employee, you are eligible to participate in this plan as of your first day of employment. If you work on a part-time, temporary or irregular basis, you may participate as of the earlier of 1 January or 1 July following the completion of 1,000 hours of service during the 12 consecutive calendar month period beginning with your date of employment. Persons with guest or visitor appointments are not eligible to participate in this plan. Employees must have a valid Social Security Number or Tax Identification Number to be eligible to participate in this plan.

**Q: What is the benefit?**

**A:** This plan enables you to increase your retirement savings in addition to the contributions, if any, under the Retirement Plan. Contributions to this plan are made through regular pre-tax payroll deductions, if applicable. This reduces your taxable income, so you pay less tax now. All interest and earnings on the money you invest are tax-deferred until you withdraw them in the future. The money that is contributed is 100% vested immediately.

You may contribute up to 25% of your gross pay to this plan. In addition, participants age 50 or over may make additional catch-up contributions to the plan. The maximum catch-up contribution is limited by the Internal Revenue Service (IRS) and is subject to change.

You can allocate the contributions between approved investment funds. The list of funds is on page 15. You will receive quarterly statements from TIAA.

**Q: Is there a limit to the amount you may contribute?**

**A:** Yes. The IRS limits the amount of your annual Base Salary that can be used for the purpose of contributions to the Plan. In addition, the IRS limits the dollar amount that you may contribute each year, including any contributions you may have made to another employer's retirement plan during the calendar year. These limits are subject to change.

**Q: When can I sign up?**

**A:** You may sign up at any time.

**Q: How do I sign up?**

**A:** Log into PeopleSoft HR and then go to Employee Self Service, Benefits, and Enroll In or Update my 401(k). Enter the percentage of your salary you want to contribute. This is called your salary reduction percentage. If you are age 50 or over during this calendar year, you will also have the option to do catch-up contributions.

**Q: Can I make changes to my investment allocations?**

**A:** Yes. You can change your allocation of contributions among the various investment options at any time. You can change the percentage you are contributing to the plan once each calendar month. This includes a change from no contributions to starting contributions and vice versa. You can, however, cease your contributions at any time.

If you want to change the allocation of your investments, you must contact TIAA directly. If you want to change the percentage you are contributing, log into PeopleSoft HR and click the following links: Employee Self-Service, Benefits, and then select Enroll in or Update my 401(k).

**Q: Can I make changes to my beneficiary(ies)?**

**A:** Yes. To change the beneficiary(ies) for your 401(k) Plan you must go to [www.tiaa-cref.org/bnl](http://www.tiaa-cref.org/bnl).

**Q: Are loans available from the plan?**

**A:** Yes. Loans are permitted from a participant's TIAA accumulations in this plan.

**Q: Are withdrawals available from this plan?**

**A:** Withdrawals are permitted from this plan if:

- The participant retires, dies, or terminates employment or
- The participant attains age 59 ½ or
- The participant incurs a financial hardship. (Restrictions apply.)

**Q: Does this plan accept rollover contributions from other plans?**

**A:** Yes. A participant may make rollover contributions to this plan upon providing proof that the contribution is eligible for transfer to this plan. Transfers from the following plan types are eligible: 401(a), 403(a), 401(k), 403(b), 457(b) or conduit IRAs (pre-tax).

**Q: Where can I get more information on the plan?**

**A:** Additional information is available on the web at [www.bnl.gov/hr/Benefits/](http://www.bnl.gov/hr/Benefits/) or [www.tiaa-cref.org/bnl](http://www.tiaa-cref.org/bnl) or through the Benefits Office at (631) 344-7516.

## Funds Available For Investment\*

Ticker Code	Account or Fund/Share Class
	<b>Guaranteed</b>
	TIAA Traditional Annuity (Guaranteed Annuity)
	<b>Money Market</b>
VMFXX	Vanguard Federal Money Market Investor
	<b>Fixed Income (Bonds)</b>
PTRX	PIMCO Total Return Institutional
VIPIX	Vanguard Inflation-Protected Secs Institutional
VBTIX	Vanguard Total Bond Market Index Institutional
	<b>Multi-Asset</b>
QCSCIX	CREF Social Choice Account R3 (Variable Annuity)
TCTIX	TIAA-CREF Lifecycle 2010 Institutional**
TCNIX	TIAA-CREF Lifecycle 2015 Institutional**
TCWIX	TIAA-CREF Lifecycle 2020 Institutional**
TCYIX	TIAA-CREF Lifecycle 2025 Institutional**
TCRIX	TIAA-CREF Lifecycle 2030 Institutional**
TCIIX	TIAA-CREF Lifecycle 2035 Institutional**
TCOIX	TIAA-CREF Lifecycle 2040 Institutional**
TTFIX	TIAA-CREF Lifecycle 2045 Institutional**
TFTIX	TIAA-CREF Lifecycle 2050 Institutional**
TTRIX	TIAA-CREF Lifecycle 2055 Institutional**
TLXNX	TIAA-CREF Lifecycle 2060 Institutional**
TLRIX	TIAA-CREF Lifecycle Retire Inc Institutional
	<b>Real Estate</b>
TIREX	TIAA-CREF Real Estate Sec Institutional
	<b>Equities (Stocks)</b>
RERGX	American Funds EuroPacific Growth R6
BSFIX	Baron Small Cap Institutional
CDDYX	Columbia Dividend Income Institutional
QCGRIX	CREF Growth Account R3 (Variable Annuity)
GSSIX	Goldman Sachs Small Cap Value Institutional
FLMVX	JPMorgan Mid Cap Value L
VTSNX	Vanguard Total Intl Stock Index Institutional
VITSX	Vanguard Total Stock Market Index Institutional
VWIAX	Vanguard Wellesley Income Admiral
VWENX	Vanguard Wellington Admiral
WFDSX	Wells Fargo Discovery Institutional
	<b>Self-Directed Brokerage Account***</b>
	Visit TIAA website at <a href="http://www.tiaa-cref.org/bnl">www.tiaa-cref.org/bnl</a> or call TIAA at (800) 927-3059.

\*TIAA is the recordkeeper for these investment funds. For information on each fund's performance, refer to the fund's prospectus. For information on the fees and expenses assessed on your account by each fund, refer to the Plan's fee disclosure materials available at [www.tiaa-cref.org/bnl](http://www.tiaa-cref.org/bnl).

\*\*These are the Qualified Default Investment Alternative (QDIA) funds.

\*\*\*BSA will not monitor the performance of the funds in your personal Brokerage Account and TIAA does not offer investment advice for the Brokerage assets.

## Other Programs and Benefits

### Adoption Assistance Program

All regular employees who work at least 20 hours per week are eligible to participate in this program.

The Adoption Assistance Program provides eligible employees financial assistance up to a maximum of \$5,000 per adopted child for certain expenses related to the adoption of a minor child under the age of eighteen (18). A \$10,000 maximum applies if both spouses/domestic partners work for BSA.

To request a reimbursement for eligible expenses, you must submit a request for reimbursement form, itemized bills, proof of payment, and a certified copy of the judicial order of adoption to the Benefits Office within 90 days after the adoption is final. Financial assistance reimbursement will be made only after the adoption is final. Reimbursements are made directly to the employee, are considered taxable income, and are subject to withholdings at the time of payment.

The following expenses are reimbursable:

- Licensed adoption agency fees (including fees for placement and parental counseling).
- Legal costs (including attorney's fees and court costs).
- Charges for transportation to obtain physical custody of the adoptive child (including reasonable and customary travel expenses for both the adoptive parents and the adoptive child).

In order to be eligible for this program, you must notify the Benefits Office, (631) 344-2881, in writing, within 30 days after the adoption has been finalized.

Additional information is available through the Benefits Office at (631) 344-2881.

### Tuition Assistance Program

All regular employees who work at least 20 hours per week are eligible to participate in this program as of your first day of employment.

The Tuition Assistance Program encourages and supports the continuing education and training of employees. The program is designed to encourage attendance at credit courses and degree programs offered by accredited institutions and job-relevant vocational courses. The program provides reimbursement for pre-approved courses that are intended to enhance job-relevant skills and contribute to the employee's career growth at the Laboratory.

Additional information is available online in our Standards-Based Management System (SBMS) or through the Tuition Office at (631) 344-7958.

### Flexible Work Arrangements

The Laboratory believes that flexible work arrangements can help our staff accomplish more while simultaneously addressing their personal needs such as attending college, raising children, caring for elderly parents and volunteering in the community. We have various flexible work arrangements including CoreHours, TeleWork, and Compressed Work Schedule. Additional information is available online in our Standards-Based Management System (SBMS).

### Travel Accident Insurance Plan

All regular, temporary and part-time employees, visiting scientists, guests, and members of the Board of Directors are eligible for this plan. You do not need to enroll, and the cost is paid for by the Laboratory.

The Travel Accident Insurance Plan provides 24-hour benefits for accidental death and dismemberment and permanent and total disability while on authorized Laboratory business travel. Coverage begins at the actual starting point of an anticipated trip, whether this is your place of employment, your home, or some other location, whichever occurs last. Coverage terminates upon your return to home or place of employment, whichever occurs first.

Additional information is available on the web at [www.bnl.gov/hr/Benefits/](http://www.bnl.gov/hr/Benefits/), or through the Benefits Office at (631) 344-7516 or (631) 344-2881.



## Other Programs and Benefits

### Sick Leave

All employees who work at least 20 hours per week are eligible for this benefit. Sick leave accrual is prorated for part-time regular employees and employees on part-time term appointments based on their official work schedules. Part-time temporary employees are not eligible for this benefit.

Sick leave is granted to provide continuity of income during absences due to illness or injury. Sick leave accrues at the rate of 1 ¼ days for each full month of service up to a maximum of 108 days.

Additional information is available online in Standards-Based Management System (SBMS).

### Vacation

All employees who work at least 20 hours per week are eligible for this benefit. Vacation accrual is prorated for eligible part-time employees based on their official work schedules. Temporary employees are not eligible for this benefit.

Use of accrued vacation time allows you scheduled periods for rest and relaxation.

For employees who are paid through a monthly payroll, vacation credit accrues monthly according to the following schedule:

Less than 5 years of service:	1 ½ days for each full month of continuous service
At least 5 years of service, but less than 10 years:	1 ¾ days for each full month of continuous service
10 or more years of service:	2 days for each full month of continuous service

Additional information is available in Standards-Based Management System (SBMS).

### Holidays

All employees who work at least 20 hours per week (except those employees who are in an ineligible part-time or temporary part-time employment category) are eligible for this benefit.

The following nine regularly scheduled U.S. holidays are observed by the Laboratory.

New Year's Day	Independence Day	Thanksgiving Day
Presidents' Day	Labor Day	Day after Thanksgiving Day
Memorial Day	Veterans Day	Christmas Day
Juneteenth		

Two additional holidays observed during the year are announced each January.

## Qualifying Events

**Q: What is a Qualifying Event?**

**A:** A Qualifying Event is a change in your family status and includes:

- (a) change in legal marital status: (1) marriage, (2) death of spouse, (3) divorce, (4) legal separation, (5) annulment
- (b) change in number of dependents: (1) birth, (2) adoption, (3) placement for adoption, (4) death of a dependent
- (c) change in employment status: (1) termination or commencement of employment of the employee, spouse or dependent, other than for gross misconduct
- (d) change in work schedule: (1) an increase or decrease in the number of hours of employment by the employee, spouse or dependent, (2) a switch between full-time and part-time status, (3) a strike or lockout, (4) commencement or return from an unpaid leave of absence
- (e) the dependent satisfies or ceases to satisfy the requirements for unmarried dependents
- (f) change in the place of residence or work site of the employee, spouse or dependent

**Q: What coverages can I change if I have a Qualifying Event?**

**A:** For the Aetna International Healthcare Plan, you may be eligible to add or delete dependents, or add or drop coverage. For the Reimbursement Accounts, you may be eligible to make changes to your contributions for the remainder of the calendar year. The change(s) in coverage that you request must relate to the change that affects eligibility for coverage.

**Q: Are there any other circumstances under which I can enroll myself or a dependent?**

**A:** Yes. Based on the provisions of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), employees and dependents that are eligible but not enrolled for BSA health insurance plan coverage may enroll for coverage if one the following conditions is met:

- The employee or dependent loses eligibility and is terminated from Medicaid or CHIP\* coverage or
- The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP\*.

\* CHIP (Children's Health Insurance Program) is a state program designed to provide health care coverage for uninsured children and some adults.

**Q: How do I change my coverage(s)?**

**A:** To change your coverage(s) when a Qualifying Event has occurred, you must notify the Benefits Office and complete an enrollment form within 31 days after the date of the Qualifying Event for all items indicated above, except (a)(3), (a)(4) and (e). [60 days applies for items (a)(3), (a)(4) and (e).] Employees who qualify under CHIPRA have 60 days after the date of the termination of such coverage or eligibility for a premium assistance subsidy to notify the Benefits Office. The completed form must be submitted, with proof of the Qualifying Event, to the Benefits Office. Your employee premiums (for Aetna International Healthcare Plan coverage) and/or your contributions (to the Reimbursement Accounts) will then be changed for the remainder of the calendar year.

**Q: When are coverage changes effective?**

**A:** If you notify the Benefits Office of the Qualifying Event and provide the completed enrollment form within the applicable period, the change in coverage will become effective as of the date of the Qualifying Event.

If a dependent is no longer eligible for coverage and you do not remove that dependent from your coverage within the applicable Qualifying Event period, his/her coverage will end as of the date he/she is no longer eligible.

You must notify the Benefits Office within the applicable period for addition of an eligible dependent. If you only notify the Aetna International Healthcare directly, we may be unable to make the change until the next Open Enrollment period.

**Q: When is the Open Enrollment period and what changes can I make?**

**A:** Refer to the Open Enrollment section.

**Q: Where can I get more information on the programs?**

**A:** Additional information is available on the web at [www.bnl.gov/hr/Benefits/](http://www.bnl.gov/hr/Benefits/), or through the Benefits Office at (631) 344-5126, (631) 344-3724 or (631) 344-2877.

## Open Enrollment

The Open Enrollment period is a time to review your benefit elections and make decisions for the coming year. Some benefit elections carry over from year to year, while others do not carry over. BSA will communicate the following information to all employees in advance of the Open Enrollment period:

- The Open Enrollment dates during which you can make changes to your coverages. Normally, Open Enrollment is held in early November.
- Benefit coverages that will automatically carry over from year to year
- Benefit coverages that will not carry over from year to year without you electing them each year
- Any changes being made by BSA to the benefit programs
- How to make changes to your benefit elections.

Normally, any benefit elections you make during the Open Enrollment period are effective on 1 January of the next calendar year.

**Q: What benefits automatically roll over from year to year?**

**A:** Your Aetna International Healthcare Plan election will roll forward from one year to the next for you and your eligible family members, if all criteria for eligibility are met.

Your Health Care, Dependent Day Care and Parking and Transit Commuter Reimbursement Accounts and the Vacation Buy Plan elections will not carry over from year to year. If you want to continue these benefits in the next year, you must enroll for them during the Open Enrollment Period.

Your coverage in the Life, Accidental Death & Dismemberment, and Long Term Disability insurance plans will roll over from year to year. Refer to the specific sections of this booklet for more information on when and how to make coverage changes.

Your 401(k) Plan contribution election will roll over from year to year. Refer to the 401(k) Plan section of this booklet for more information on when and how to make changes to your contributions.

**Q: What changes can you make to your benefits during the Open Enrollment Period?**

**A:** For the Aetna International Healthcare Plan:

- You can elect to participate in the Aetna International Healthcare Plan.
- You can drop the Aetna International Healthcare Plan coverage, if you are enrolled in other healthcare coverage.
- You can add eligible family members to your coverage.
- You can drop family members from your coverage.

For the Vacation Buy Plan:

- You can elect to participate in the Vacation Buy Plan.
- If you want to participate each year, you must re-enroll in the Vacation Buy Plan each year. Your election will not roll over from one year to the next.

For the Health Care, Dependent Day Care, Parking and Transit Commuter and Parking Reimbursement Accounts

- You can elect to participate in the Health Care, Dependent Day Care, Transit Commuter and/or Parking Reimbursement Accounts.
- If you want to participate each year, you must re-enroll in the reimbursement accounts each year. Your election will not roll over from one year to the next.

## Contact Information

Program	Account/ Plan #	Telephone #	Website/Email
<b>Aetna International Healthcare Plan</b>			
Aetna International	499953	(813) 344-0190	<a href="mailto:aiservice@aetna.com">aiservice@aetna.com</a>
<b>Reimbursement Accounts</b>			
PayFlex	116036		<a href="http://www.payflex.com">www.payflex.com</a>
<b>Life and AD&amp;D Plan and Long Term Disability Plan</b>			
Lincoln Financial Group (LFG)		Contact the BSA Benefits Office	-
Global Benefits Group (GBG)		Contact the BSA Benefits Office	-
<b>Retirement and 401(k) Plans</b>			
TIAA for Retirement Plan	100945		<a href="http://www.tiaa-cref.org/bnl">www.tiaa-cref.org/bnl</a>
TIAA for 401(k) Plan	100946		
<b>Vacation</b>			
BSA Payroll Department		(631) 344-2470	-
<b>Paid Parental Leave</b>			
Lincoln Financial Group (LFG)			<a href="http://www.mylincolnportal.com">www.mylincolnportal.com</a> Company Code: BROOKHAVEN
<b>BSA Benefits Office:</b>			
<b>Adoption Assistance Plan</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Email</b>
	Denise DiMeglio	(631) 344-2881	<a href="mailto:dimeglio@bnl.gov">dimeglio@bnl.gov</a>
<b>Life and AD&amp;D Plans &amp; Long Term Disability Plan</b>	Barbara Soeyadi	(631) 344-7516	<a href="mailto:bsoeyadi@bnl.gov">bsoeyadi@bnl.gov</a>
<b>Aetna International Healthcare Plan &amp; Reimbursement Accounts</b>	Erin Gettler	(631) 344-5126	<a href="mailto:egettler@bnl.gov">egettler@bnl.gov</a>
	Jennifer Froehlich	(631) 344-3724	<a href="mailto:jfroehlich@bnl.gov">jfroehlich@bnl.gov</a>
	Melissa Schuchman	(631) 344-2877	<a href="mailto:schuchman@bnl.gov">schuchman@bnl.gov</a>
<b>Paid Parental Leave</b>	Linda Greves	(631) 344-3750	<a href="mailto:greves@bnl.gov">greves@bnl.gov</a>
	Barbara Soeyadi	(631) 344-7516	<a href="mailto:bsoeyadi@bnl.gov">bsoeyadi@bnl.gov</a>
<b>Retirement &amp; 401(k) Plans</b>			
<b>Sick Leave, Sick Family Member &amp; Vacation Donation Programs</b>	Barbara Soeyadi	(631) 344-7516	<a href="mailto:bsoeyadi@bnl.gov">bsoeyadi@bnl.gov</a>