

December, 2009

Installation Special Voluntary Termination Program (SVTP)

Resource Document

Contact Information, Educational Resources & Forms

If the provisions of this package and those of your collective bargaining agreement differ, the collective bargaining agreement will be controlling for those employees covered by it

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Overview

This Resource Document is a collection of information useful to represented employees who are eligible to receive the Installation Special Voluntary Termination Program (SVTP).

It includes contact information (i.e., telephone and fax numbers, mailing address and website information, hours of operation, etc.) for benefit providers as well as other pertinent support organizations.

Additionally, contained herein is a collection of forms and other instructions that may be of use to represented employees who find themselves in a state of transition.

Benefit Providers

Program	Phone/Fax	Website / Email	Hours of Operation
Aetna (Medical Benefits)	800-872-7136	www.aetna.com	Monday – Friday 8:00am – 6:00pm ET
Alcatel-Lucent Benefits Center (Hewitt) COBRA, Open Enrollment, Health, Dental & Insurance Eligibility	888-232-4111	http://resources.hewitt.com/alcatel-lucent	Monday – Friday 9:00am – 5:00pm ET
Dental Plan (Aetna)	Traditional - 800-220-5470 DMO - 800-220-5479	www.aetna.com	Monday – Friday 8:00am – 8:00pm ET
2009 Employee Assistance Program (Prompt #2 from the HR Service Center)	888-345-6784	N/A	Monday – Friday 8:00am to 5:00pm ET
2010 Employee Assistance Program Magellan Health Services	800-327-7348	N/A	Available 24 hours/day, 7 days/week
Employee Stock Purchase Plan (UBS) *** Program Suspended ***	888-584-7268	https://onesource.ubs.com/ALU	Monday – Friday 3:00am to 11:00pm ET
Group Legal Plan (Hyatt Legal)	800-821-6400	www.legalplans.com	Monday – Thursday 8:00am – 7:00pm ET Friday, 9am-6pm ET
MetLife Life Insurance, Long Term Care	<u>Life Insurance:</u> 888-201-4612 TDD: 800-362-7327 <u>Long Term Care:</u> 1-800-984-8651	www.MetLife.com (Life Insurance) http://lucent.metlife.com (Long Term Care)	Monday – Friday 8:00am to 5:00pm ET
Pension Service Center	<u>866-429-5764</u> <u>TDD: 866-429-5765</u>	http://lucentpension.csplans.com	Monday – Friday 8:00am – 8:00pm ET

Benefit Providers, continued

Program	Phone / Fax	Website / Email	Hours of Operation
Prescription Drug Program (Medco) (Participants in an HMO should contact their HMO for information on their prescription drug program.)	800-336-5934 TDD: 800-759-1089	www.medco.com	Available 24 hours/day, 7 days/week
Reimbursement Accounts Ceridian (2010 forward) Health Care Reimbursement Account & Child/Elder Care Reimbursement Account	877-799-8820	www.ceridian-benefits.com	Monday – Friday 8:00am – 8:00 pm ET
2009 Reimbursement Accounts SHPS, Inc. Health Care Reimbursement Account & Child/Elder Care Reimbursement Account	800-628-1678 TDD: 800-952-0450	https://services.shps.net	Monday – Friday 8:00am – 8:00pm ET
Long Term Savings & Security Plan (LTSSP) - 401K (Fidelity)	800-410-4015 TDD: 800-610-4015	www.401k.com	Monday – Friday 8:30am – 12:00am ET
United Healthcare (Medical Benefits)	POS: 800-577-8539 TI: 800-577-8567	www.myuhc.com	Monday – Friday 8:00am – 11:00pm ET
United Behavioral Health	POS: 1-800-577-8539 TI: 1-800-577-8567	www.liveandworkwell.com	Monday – Friday 8:00am – 11:00pm ET
Vision Plan (EyeMed)	800-334-7591	www.eyemedvisioncare.com	Monday – Saturday 6:00am – 9:00pm MT
Family Resource Program	877-582-3683	www.lifeworks.com	Available 24 x 7

Benefit Providers, continued

Program	Phone / Fax	Website / Email	Hours of Operation
Long Term Disability (LTD) - Peggy Blumer - Angie Nail	908-582-0090 972-477-5627	p.blumer@alcatel-lucent.com angie.nail@alcatel-lucent.com	Monday – Friday 8:00am to 5:00pm
Alcatel-Lucent Benefit Answers Plus Website		www.benefitanswersplus.com	Available 24 x 7

Tuition Assistance Plan

Alcatel-Lucent Tuition Assistance Plan
P. O. Box 2505
Chicago, IL 60690-2505

Telephone : 866-517-2235
Fax : 866-517-2235 (same as telephone number)

Website : <http://tamsonline.org/Alcatel-LucentTAP>

Payroll

For payroll issues, active employees with network access should visit the payroll website and submit a ticket:

<http://gfs.web.lucent.com/payhelp/userticketmainext2.cfm>

If you are no longer an active employee, or are unable to access the website for any reason, please call your supervisor or your ERC Coordinator. ERC Coordinator contact information is located in this Resource Document.

Service Anniversary & Retirement Gifts Program

The purpose of the Service Anniversary & Retirement Gifts Program is to recognize your contributions to the business and years of service with the Company.

Rideau Recognition
Customer Service: 877-798-8976
Hours of Operation: 8:00am – 6:00pm Eastern
Website: <http://www.serviceawards.com/lucent>

Academic Awards Program (for Dependents)

The Academic Awards Program for dependents is handled by Scholarship America. Employees needing to contact Scholarship America should use the following information:

Telephone Number: 1-800-537-4180, ext. 426, or 507-931-0426, ext. 0426
Contact Name: Susan Fredrickson
Email: sfredrickson@ScholarshipAmerica.org

Employment/Salary Verification

Employment and salary verification is handled by The Work Number®, an automated service that allows institutions (mortgage lenders, banks, other employers, etc.) to receive verification of employment in a matter of minutes online or over the telephone. The service is available 24-hours a day. Please note, there is a fee for using this service.

You should ask the institution needing to verify your information to contact The Work Number® at 1-800-996-7566, and to use Company Code 10499.

The Work Number® is also available online at www.theworknumber.com (use Company Code 10499). The initial Login Pin scheme is last 4 digits of your Social Security Number (SSN) and Year of birth. For example, John's SSN is 123-45-6789 and he was born in 1972. His initial PIN is 67891972.

Employee Resource Center (ERC)

Andy Wambach
2 Commerce Drive
Morrestown, NJ 08057

Telephone: 800-326-9127
Fax: 856-778-2413
Email: awambach@alcatel-lucent.com

Managed Care (Health Care) Program Coordinators

The Managed Care Program Coordinators serve as a liaison between represented employees and the Company's health care providers when the employee requests assistance in resolving issues.

Steve Brumbelow
2330 Scenic Highway
Suite 116
Snellville, GA 30078

Telephone: 678-502-1442
Fax: 678-502-1444
Email: sbrumbelow@att.net

Alliance

Alliance is a non-profit organization whose purpose is to enhance employment security for the Company's active CWA-represented employees, as well as certain eligible formerly represented employees.

Please refer to the forms on the following pages for Alliance contact information.



ALLIANCE PARTICIPANT FORM

www.employeegrowth.com

You must complete and submit this form to The Alliance before you can participate in any Alliance Program. Fax or mail the form to The Alliance address or hand the form to a local Alliance representative. You do not need to submit the form again except to advise The Alliance of a change in your contact or employment status.

The Alliance Headquarters - 80 Cottontail Lane, Suite 320, Somerset, NJ 08873

Ph. (732) 563-0028 • (800) 323-3436 • Fax (732) 563-1724

EMPLOYEE INFORMATION

Is this an Information change or update? Yes No

ALC Number _____

Mr.
Mrs.
Ms.

Last First Middle

Home Address (Include Apt/Unit#) _____ HR ID Number _____

City State Zip _____ () _____
Home Telephone

Work Address (Include Floor/Room/Suite) _____ () _____
Work Telephone

City State Zip _____ Work Location Number _____

Official Job Title Supervisor Name Your Email Address _____

ALLIANCE ELIGIBILITY STATUS

I am an employee of: AT&T Alcatel-Lucent Avaya Inc.

I am a (check one): Regular Full-Time Employee Regular Part-Time Employee Displaced Employee Term Employee*

My Seniority Date is: _____ Union Affiliation: CWA Local No. _____ IBEW Local No. _____

My Layoff Date is: _____ For Displaced Employees Only: I am receiving separation pay equal to _____ Number of weeks.

CERTIFICATION OF ELIGIBILITY & BARGAINING UNIT STATUS

ELIGIBILITY RULES

- A. Active Employment Eligibility
 - A.1 Be a Regular Full-Time AT&T / Alcatel-Lucent / Avaya employee or Term Employee (*Term Employees are eligible for Alliance-sponsored programs during active employment only).
 - A.2 Be represented by one of the following:
 - a. CWA
 - b. IBEW (non-manufacturing unit), and
 - A.3 Otherwise eligible but on union leave of absence.
- B. Laid off Employee Eligibility (All requirements apply)
 - B.1 Be formerly eligible under A.
 - B.2 Have submitted an Alliance Participation Form within 6 months of lay off date
 - B.3 Be within 1 year plus # of weeks of separation pay since date of layoff
 - B.4 Have not been re-employed in comparable employment, and
 - B.5 Not pension eligible at time of layoff or pension eligible within recall rights.

I certify that I am eligible for Alliance services in accordance with the above stated eligibility rules.

Signature _____ Date ____/____/____

Give Completed form to an Alliance Local Committee Member or Mail/Fax to The Alliance Somerset, NJ Office.

Complete this form and submit before you leave payroll



**FUNDS FOR ALLIANCE DISTRIBUTION (FAD) /
FUNDS FOR ALLIANCE/ETOP DISTRIBUTION (FAED)**

AGREEMENT FORM

By this agreement **THE ALLIANCE FOR EMPLOYEE GROWTH AND DEVELOPMENT, INC.** (THE ALLIANCE) and _____ (employee), I agree to the following:

- 1.) I am a member of an Alliance-eligible bargaining unit of either the Communications Workers of America (CWA) or the International Brotherhood of Electrical Workers (IBEW) and I intend to use my benefits under the Agreement between AT&T, CWA, IBEW, Alcatel-Lucent and Avaya Inc., known as **Funds for Alliance Distribution (FAD)** or **Funds for Alliance/ETOP Distribution (FAED)**.
 - If an employee elects to participate in one of the following programs; he or she will **not** be eligible for FAD/FAED: a) ECO/Extended Compensation Offer (Skills Match Center), b) OTP/Optional termination Pay, c) Voluntary Termination Offer (i.e. VTP, VSO, etc.)
 - If an employee elects to participate in one of the following programs: a) SLP/Special Leave Program or b) TLA/Transition Leave of Absence; he or she will be eligible if LAID-OFF at the expiration of the leave.
- 2.) I authorize The Alliance to serve as my agent in providing educational, outplacement, or relocation services covered under the FAD/FAED Agreement.
- 3.) I understand I will continue to be eligible for services covered by the FAD/FAED Agreement until either the expenditure of \$2,500 (\$5,000 if covered under the Manufacturing MOA) allocated to my individual account, or until my eligibility expires two (2) years from date of my termination due to a force adjustment program. I further understand that all reimbursement requests must be submitted to The Alliance FAD/FAED program within sixty (60) days of the expiration of my eligibility.
- 4.) For expenses incurred by myself chargeable to my FAD/FAED account, I understand that I will be required to submit acceptable receipts for such expenses prior to reimbursement. I also understand that once I exhaust the \$2,500 (\$5,000 if covered under the Manufacturing MOA) in my individual account I am responsible for any additional charges that I may incur.

(Last Name)	(First Name)	(M.I.)
(HR ID#)	(Termination Date)	(NCS/Service Date)
(Home Address including unit #)		
(City)	(State)	(Zip)
(_____) (Area Code & Home Phone)		
(Applicant's Signature)	(Date)	

Please send to:
The Alliance FAD/FAED Program
80 Cottontail Lane – Suite 320, Somerset, NJ 08873
800-323-3436 • Fax: 732-563-1724

Revised: 7/10/2008



ALLIANCE PRE-PAID TUITION APPLICATION

**Please Read Reverse
Prior to Completing
this Application**

I am applying for: Pre Paid Tuition Tuition Reimbursement
(Please Check One)

SECTION I – EMPLOYEE INFORMATION *(PLEASE PRINT)*

Name: (Last) _____ (First) _____

Home Address: (Include Apt/Floor #) _____

(City, State, Zip) _____

Daytime Phone: (_____) _____ Email: _____

Employer: AT&T Avaya Inc. Alcatel-Lucent

Employee ID Number: _____

Employment Status: Active Laid Off

Lay Off Date: ____/____/____ Weeks of Term Pay: _____

SECTION II – COURSE / PROGRAM INFORMATION *(Entire section must be completed)*

Check best description of course/program you are applying for:

School Type:

For Credit Training at an Accredited School

IT/Technical Certification

Industry Standard Certification/Licensure at Alliance Approved School

Program Type:

For Credit training at an Accredited School

Certification

Licensure

School/Institution Name: _____

Billing Address: _____

Contact Person Name: _____

Phone: (_____) _____

Program Title or Degree Major: _____

Term Begin Date: ____/____/____ End Date: ____/____/____

Course Number	Course Title (As shown in School Catalog)	# of Credits	Classroom Hours	Tuition Cost (\$)
				\$
				\$
				\$
				\$

I am receiving Financial Aid No Yes \$ _____ From (Source) _____ Total Cost (Tuition & Required Fees only) \$ _____

Note: All fields must be complete or your application will be delayed - Questions? Call 800-323-3436

SECTION III – CONDITIONS

I understand that I am responsible for the payment of all non-approved costs and fees and I agree to provide required information and documentation required by the administration of The Alliance Pre-Paid Tuition Program. I authorize any education institution that I attend to release any requested information pertinent to this program regarding my status in the institution, including the release of a transcript and other information as outlined in this program to The Alliance Pre-Paid Tuition Program. All information I supplied is accurate to the best of my knowledge and I have not willingly misrepresented any information contained herein.

Applicant's Signature: _____ Date: _____

WHEN COMPLETE, MAIL/FAX ALONG WITH BACK-UP INFORMATION TO:
THE ALLIANCE PPT PROGRAM, 80 Cottontail Lane, Ste 320, Somerset NJ 08873, FAX: (732)563-1724

For Alliance Use: A D R



www.employeegrowth.com

Alliance Pre-Paid Tuition Program

The Alliance Pre-Paid Tuition Program (PPT) is one of the services of The Alliance for Employee Growth and Development, Inc. It is designed to assist with the costs of education to enhance current skills or provide new skills to enhance employability.

ELIGIBILITY CRITERIA

- Regular Full- or Part-Time employee of an Alliance stakeholder company and covered by a collective bargaining agreement that includes The Alliance.
- Represented by CWA or IBEW (non-manufacturing unit).
- If laid off, have filed an Alliance Participant Form within six months of lay off date.
- If laid off, eligible for one year from layoff date plus the number of weeks of separation pay (call PPT Office for exceptions). Your course must start on or before your eligibility expires.
- If laid off, not pension eligible at time of layoff or pension eligible with recall rights.
- If otherwise pension eligible but on union leave of absence.

FUNDING

- The Alliance sets annual per-person maximums based on a calendar year.
- The Alliance funds for credit training at accredited institutions and industry standard certifications.
- The Alliance Pre-Paid Tuition Program considers the per-credit hour cost and required/mandatory fees.
- Book reimbursement will be considered upon successful completion of PPT-funded courses.
- Other miscellaneous costs are not funded (e.g., supplies, transportation, meals, and lodging).

All Alliance PPT Policies and funding levels are subject to change based on the availability of funding.

HOW TO APPLY FOR ALLIANCE PPT

To apply for PPT funding, you must:

1. Have an Alliance Participant Form on file.
 2. Have a Technical Career Plan (TCP) on file at The Alliance for Technical or Information Technology certification programs.
 3. Read all information and fully complete the PPT Application as described below. See reverse for form.
 4. Attach back-up course description and tuition information from the course catalog or website.
 5. Mail or fax PPT Application with back-up to The Alliance.
- Note:** PPT reserves the right to ask for a TAP denial for tuition consideration.

PPT Application, SECTION I - Employee Information

Please fill in **all** the information including home address (where PPT will send all correspondence), a preferred daytime phone number, email address and company employment status.

PPT Application, SECTION II - Course/Program Info.

- ✓ Apply for one semester/term/quarter only on an application. Complete the month, day, and year that the semester/term/quarter begins and ends (approximate dates can be used for Home Study Courses).
- ✓ Check the school type and program type that best describes the courses on this application.
- ✓ Give the official name of the school and the address to remit payment. (*Example:* You are enrolling at ABC College, but the classes are being held at the XYZ High School. Put ABC College's address as the name for payment.)
- ✓ List the course numbers and titles as found in the school catalog.
- ✓ List the number of credits you will receive for each course.
- ✓ List the total number of hours spent in the classes. (*Example:* If you are in school for 4-hours per week for a 15-week program, the classroom hours would total 60 hours.)
- ✓ List the tuition cost for each course.
- ✓ If you are receiving any financial assistance, indicate the source and amount. All funding assistance you receive will be coordinated with your PPT funding.

PPT Application, SECTION III - Conditions

Read this section carefully, then sign and date the application. Unsigned applications will be returned unprocessed.

APPROVAL

When a PPT Application is approved, The Alliance will send you an Alliance Pre-Paid Tuition Approval Certificate. Give the Certificate to the business office of the school when registering for the course(s).

The Certificate allows the school to bill The Alliance for the tuition cost and required/mandatory fees. When invoiced, PPT pays the approved amount directly to the school.

TIME FRAME

Please allow three full weeks for processing an application.

Applications are processed in the order received (including faxed applications).

REIMBURSEMENT

Request reimbursement only in exceptional circumstances. Reimbursement of tuition must be requested within three months of the last class day or it will not be considered. Beyond standard information, additional requirements include: proof of course completion and proof of payment.

HOME STUDY & TRADE SCHOOL PROGRAMS

Programs without defined semesters/terms/quarters or that are more than 300 hours in length require a breakdown of tuition, books, fees, and other miscellaneous costs along with a course description. Initially, PPT will fund 50% of the course cost. After completing the first half of the lessons, proof of the lessons completed and a new PPT Application for the next half is required.

BOOK REIMBURSEMENT

You may be reimbursed for required books (books only) in PPT funded courses that you have completed in accordance with PPT program guidelines. You can print out a Book Reimbursement Form at www.employeegrowth.com. Sales taxes and shipping fees are not reimbursable. Please mail the completed Book Reimbursement Form along with original itemized receipts and the related course syllabus. *Requests must be made within three months of course completion for consideration.*

**The Alliance Pre-Paid Tuition Program - 80 Cottontail Lane - Suite 320, Somerset, NJ 08873
Phone: (800) 323-3436, Fax: (732) 563-1724 - Staff Available 8:00am to 5:00pm ET to assist you.**

**INCOMPLETE INFORMATION
DELAYS APPLICATION**

Home Address Updates

Inactive Employees

Inactive employees who need to update their home address in company records should contact the Pension Service Center (PSC) at 866-429-5764.

This process should be followed for all inactive employees, regardless of whether they are pension-eligible or not.

Active Employees

Active employees who have access to the company's Intranet should follow the instructions at the following website:

http://mylucent.web.lucent.com/pls/portal30/url/page/PAGE_HR_REDIRE/PAGE_HR_REDIRE_TRAN

Active employees who do not have access to the company's Intranet should complete the form found on the next two pages of this document. The Email address and fax number for the HR Data Entry Center (HRDC) can be found on the attached form.

Personal Data Update Form (North America)

This form may only be used to update data maintained in the former Lucent PeopleSoft database for:

- New hires
- Employees who do not have access to the Alcatel-Lucent intranet

All other employees should process transactions via the HR Portal at:

http://mylucent.web.lucent.com/pls/portal30/url/page/PAGE_HR_REDIRE/PAGE_HR_REDIRE_TRAN

Employee Information			
<input type="checkbox"/> New Hire		<input type="checkbox"/> No access to intranet	
Name:		HRID:	Effective Date:
Direct Deposit (maximum 3 accounts for U.S., 2 accounts for Canada)			
Account 1: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Transit Number:	
Account Number:		Deposit Type: <input type="checkbox"/> Amount <input type="checkbox"/> Balance <input type="checkbox"/> Percent	
Amount or Percent:		Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Balance	
Account 2: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Transit Number:	
Account Number:		Deposit Type: <input type="checkbox"/> Amount <input type="checkbox"/> Balance <input type="checkbox"/> Percent	
Amount or Percent:		Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Balance	
Account 3 (US Only): <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Transit Number:	
Account Number:		Deposit Type: <input type="checkbox"/> Amount <input type="checkbox"/> Balance <input type="checkbox"/> Percent	
Amount or Percent:		Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Balance	
Tax Withholding (U.S. employees)			
Download the IRS Form W4 at: http://www.irs.gov/pub/irs-pdf/fw4.pdf?portlet=3 . Send completed and signed form to the Data Center at 972-477-8149. State tax information will default to the same as federal, unless otherwise specified. Visit the payroll website at http://payroll.web.lucent.com/taxes.htm for more tax information.			
Name Change			
First (formal):	Preferred First:	Middle:	Last:
Acceptable proof of legal name change include: Marriage Certificate, Social Security Card (U.S.), Driver's License or legal court document. Please provide a copy of documentation along with this form.			
Home/Mailing Address			
Home Street Address:			
City:	State/Province:	Postal:	
Mailing Street Address: (if different than home address)			
City:	State/Province:	Postal:	

Personal Data Update Form (North America)

Emergency Contacts		
Contact 1 Name:	Relationship:	
Address:	Phone:	
Contact 2 Name: (optional)	Relationship:	
Address:	Phone:	
Phone & Room Numbers		
Home Phone:	Business: (will appear in POST) Room #: (will appear in POST)	Other (please specify):
Approval Signature		
Print Name:	* Signature:	
	Date Signed:	
<i>* Electronic approvals should be indicated in the signature box as "/s/ Approver Name" and must be sent to HR from the approver's email address. Physical signatures may be scanned and emailed or faxed to HR by an authorized delegate.</i>		
Send completed form to na.hrhc@alcatel-lucent.com or fax to 972-477-8149. If you have any questions, please contact the HR Service Center at 888-582-3684.		
FOR HUMAN RESOURCES USE ONLY		
Entered By:	Date Received:	Date Entered:

IRS Publication 919 – Is My Withholding Correct?

The purpose of this IRS publication is to help you check your withholding and, if necessary, prepare Form W-4 to adjust your withholding.

You may download this document from the Internal Revenue Service web site at:

<http://www.irs.gov/pub/irs-pdf/p919.pdf>

If you do not have access to the Internet, please contact your Employee Resource Center (ERC) representative to obtain a copy. Please refer to the ERC listing in this document for contact information.

Unemployment Compensation

General unemployment compensation information can be found on the Department of Labor's website at the following web address:

<http://www.dol.gov>

For contact information for state unemployment offices, please visit the Department of Labor's website at the following web address:

<http://workforcesecurity.doleta.gov/unemploy/agencies.asp>

**Employees Eligible to the Installation SVTP Offer –
Not Service Pension-Eligible**

Plan	Net Credited Service (NCS)	COBRA Continuation of Coverage
Medical	2 years of service (or more)	<ul style="list-style-type: none"> • 12 months at Company expense • 6 months at COBRA rate (102%)
Dental	2 years of service (or more)	<ul style="list-style-type: none"> • 12 months at Company expense • 6 months at COBRA rate (102%) <p><u>Note:</u> After COBRA, no conversion.</p>
Vision	2 years of service (or more)	<ul style="list-style-type: none"> • 12 months at Company expense • 6 months at COBRA rate (102%) <p><u>Note:</u> After COBRA, no conversion.</p>

**Employees Eligible to the Installation SVTP Offer –
Service Pension-Eligible**

Service pension-eligible employees covered by the MOA will become immediately eligible for retiree medical and dental benefits upon retirement.