Columbia University
SUMMARY PLAN DESCRIPTION

Retirement Plan for Supporting Staff Association at the College of Physicians and Surgeons

Columbia University offers two retirement plans to help provide you with retirement income after you stop working.

The Plans are the Columbia University Retirement Plan (the "Plan") and the Voluntary Retirement Savings Plan ("VRSP").

The University makes contributions to the Columbia University Retirement Plan (the "Plan") for you as soon as you are eligible. You are responsible for choosing your investment funds from those offered under the Plan.

You contribute pre-tax money from your paycheck to the Voluntary Retirement Savings Plan ("VRSP"). You are responsible for choosing the investment funds offered under the Plan.

Each retirement plan is described in complete detail in a separate Summary Plan Description (SPD). We encourage you to read each SPD to learn how the retirement plans work.

Table Of Contents

COLUMBIA UNIVERSITY RETIREMENT PLAN

Introduction

It's easy to envision your retirement years as carefree and financially secure. However, to ensure that your dreams come true, you need to plan ahead. Columbia University (the "University") wants to help you realize your vision of the future and give your retirement planning a solid foundation. That's where the Retirement Plan for Supporting Staff Association at the College of Physicians and Surgeons (the "Plan") comes into play. The Plan is a University-sponsored retirement plan that can, along with your other retirement savings and Social Security, provide an income to you during your retirement years.

The Plan is maintained pursuant to a collective bargaining agreement between the University and the Supporting Staff Association at the College of Physicians and Surgeons (the "SSA"). This Summary Plan Description describes the retirement benefits under the Plan for employees whose employment is covered under that collective bargaining agreement.

This Summary Plan Description summarizes the major features of the Plan for benefits as they exist today. This document, as a summary of benefits, is not intended as a substitute for the Plan document, individual annuity contracts/certificates, or individual custodial accounts. If there is any ambiguity or inconsistency between the terms of the Plan document, individual annuity contracts or certificates, or individual custodial accounts and this Summary Plan Description, the terms of the Plan document, annuity contracts or certificates or custodial accounts will control and are final.

If you have questions about the Plan, please call the HR Benefits Service Center at (212) 851-7000, 9:00 a.m. to 4:00 p.m., Monday through Friday. You may also email us at hr-retirement@columbia.edu.

Eligibility and Participation

You will become a participant in the Plan on your first day of work with the University or your first day of work as a SSA member whichever is later.

Eligibility Requirements Before July 1, 1976

For Plan Years beginning before July 1, 1976, the Plan's eligibility requirements were different than those stated above. If you would like to know when you first became a participant, please contact the HR Benefits Service Center.

University Contributions

Amount of Contributions

Once you are a participant in the Plan, the University will make monthly contributions on your behalf so long as you remain a SSA member.

The amount the University contributes to the Plan for you is based on your age, years of Contribution Service, and Compensation as follows:

If you have:	And are age:	Your contribution level will be:		
<5 years of Contribution Service	Any Age	5% of Compensation at or below the Social Security Wage Base	Plus	10% of Compensation above the Social Security Wage Base
5+ years of Contribution Service	Less than 40	5% of Compensation at or below the Social Security Wage Base	Plus	10% of Compensation above the Social Security Wage Base
5+ years of Contribution Service	40+	10% of Compensation at or below the Social Security Wage Base	Plus	15% of Compensation above the Social Security Wage Base
15+ years of Contribution Service	55+	15% of Compensation at or below the Social Security Wage Base	Plus	20% of Compensation above the Social Security Wage Base

Contribution Level. Your contribution level is based on your age and Contribution Service determined as of the 1st of each month and will apply to each pay period ending within that month.

Contribution Service. See *Service* section for further information regarding the calculation of Contribution Service.

Compensation. "Compensation" means your pay from the University for regularly scheduled work as a SSA member:

- Pay for regular vacation and holidays and certain payments during an approved leave of absence, but not including worker's compensation or state disability payments; and

- Pre-tax contributions to the University's Voluntary Retirement Savings Program (VRSP), Flexible Spending Accounts, or Transit and Parking Reimbursement Program.

Compensation does not include overtime, shift or holiday premiums, fringe benefits earned under any other benefit plan, or amounts earned for University employment while you are not a SSA member. A participant's Compensation shall be determined by the payroll or personnel records maintained by the University and shall be binding and conclusive for all purposes of the Plan.

Social Security Wage Base. "Social Security Wage Base" means the maximum amount of Compensation on which you and the University pay annual Social Security taxes (Old-Age, Survivors and Disability Insurance – OASDI). The Social Security Wage Base generally increases annually. As of January 1, 2008, the Social Security Wage Base is $102,000.

Contributions During Leave of Absence

While you are out on a paid leave of absence, including a short-term disability leave, the University will continue to make monthly contributions on your behalf. While you are out on an unpaid leave of absence, University contributions will cease but will resume upon your return to work; provided, that you return to work as a SSA member. If you leave the University to perform uniformed service for a period generally not to exceed five years, the University will make up the contributions you would have received (based on your pre-military leave compensation) but for your military leave. In order for these make-up contribution provisions to apply, you must give advance notice to the University of your military leave and satisfy certain other requirements, including timely return to employment with the University when your military leave ends.

Compensation and Contribution Limits

Federal tax laws limit the amount of Compensation that can be used to calculate your contribution amount and the amount of contributions that the University may contribute on your behalf on a Plan Year basis. For the Plan Year beginning January 1, 2008, the compensation limit is $230,000 and the contribution limit is the lesser of $46,000 or 100% of compensation (generally, your W-2 earnings for the Plan Year as increased for pre-tax contributions to the Voluntary Retirement Savings Plan (VRSP), etc.). For purposes of the contribution limit, the **sum** of your contributions to the Voluntary Retirement Savings Plan (VRSP) and the University's contributions to the Plan cannot exceed the contribution limit. However, as a practical matter, your contributions will not be adversely affected as the compensation and contribution limits are very high.

Vesting

You must be "vested" in order to receive any Plan benefits you accrue. You will vest – that is, have a right to – a benefit from the Plan upon the earlier of:

- the completion of five (5) years of Vesting Service[1] (see *Service* section for further information regarding the calculation of Vesting Service), or

- reaching the Plan's normal retirement age of 65 while employed by the University.

If your employment with the University terminates before you are vested, then you are not entitled to any benefits from the Plan.

[1] Ten (10) years of Vesting Service was required if your employment with the University terminated prior to January 1, 1989.

Service

Both Contribution Service and Vesting Service are calculated much the same way – that is, you will be credited with one (1) year of Contribution Service and Vesting Service for each service computation period during which you complete 1,000 hours of employment. Your "service computation period" is the 12-consecutive-month period beginning on the date you first complete an hour of employment and each anniversary of that date. This section will explain the general rules and the differences between the two types of service under the Plan.

Contribution Service

Generally, you will be credited with one year of Contribution Service for each service computation period during which you complete at least 1,000 hours of employment as a SSA member. Once you are a participant, if you are not credited with one year of Contribution Service for a service computation period, you will be credited with a fraction (rounded to the nearest $1/12$) of a year of Contribution Service for such service computation period equal to the number of your hours of employment as a SSA member divided by 1,000.

Vesting Service

Vesting Service is calculated in the same manner as Contribution Service EXCEPT that all your hours of employment for the University including hours of employment completed while you are not a SSA member are taken into account.

Service for Pre-July 1, 1976 Employment

If you were employed by the University prior to July 1, 1976, you were generally credited with years of Contribution and Vesting Service (and fractions thereof) equal to the number of years of service credited to you under the Plan as of June 30, 1976. You should contact the HR Benefits Service Center if you have any questions regarding your Contribution and Vesting Service for employment prior to July 1, 1976.

Hour of Employment

An "hour of employment" is each hour that you are paid or entitled to pay for performance of duties for the University and each deemed hour of employment during (1) periods while you are on military service leave but only to the extent required by the Uniformed Services Employment and Reemployment Rights Act of 1994 and (2) each month or partial month up to six months within any three-year period while you are on an unpaid, authorized leave of absence. Deemed hours of employment are based on the hours that you would have been regularly scheduled to work had you not been on military service leave or on an unpaid, authorized leave of absence.

Forfeiture of Contribution and Vesting Service

Once you are vested, years of Contribution and Vesting Service cannot be forfeited. However, if you are not vested, you will forfeit years of previously earned Contribution and Vesting Service if you incur five (5) consecutive "breaks in service" as defined below.[2] If you are re-employed by the University before you incur five (5) consecutive breaks in service, your pre-break Contribution and Vesting Service will be restored.

1-Year Break in Service

You will incur a 1-Year "break in service" for each service computation period during which you complete less than 501 hours of employment. For purposes of determining whether you have incurred a break in service, the following hours are taken into account: (1) all hours of employment for the University including hours of employment completed while you are not a SSA member and (2) up to a maximum of 501 hours for vacation, holiday, sick leave, disability, layoff, jury duty or authorized leave of absence (including a FMLA leave or a maternity or paternity leave (as described below) that begins on or after January 1, 1986)

[2] If you terminated employment prior to January 1, 1986, previously earned Contribution and Vesting Service was forfeited if the number of your consecutive breaks in service equaled or exceeded the number of your Vesting Years.

based on your regularly scheduled hours of work (or at 8 hours for each normal working day if the University is unable to determine your regularly scheduled hours of work) if it is necessary to prevent a break in service for a service computation period.[3]

A maternity or paternity leave is a period during which you are initially absent from work on account of (1) your pregnancy, (2) birth of your child, (3) placement of a child in connection with your adoption of such child, or (4) care of a child described in (2) or (3) immediately after such birth or placement. You must timely provide the University with sufficient information to establish that your absence from work is a maternity or paternity leave.

Your Investment Options

Your Investment Elections

You are responsible for making the investment decisions with respect to contributions made by the University on your behalf. Your investment election is made in two steps.

First, you need to select an Investment Carrier. You can enroll online at any time by accessing the Columbia University Benefits Enrollment System at **www.hr.columbia.edu**.

You may change your Investment Carrier (Calvert, TIAA-CREF or Vanguard) as often as you like online.

Second, for each Investment Carrier you select, you must specify the investment fund in which you want your contributions invested by completing the appropriate investment fund application for the Investment Carrier. You can direct all or a portion of your contributions to any Investment Carrier available under the Plan and you can allocate all or a portion of your contributions invested with an Investment Carrier to any of its investment funds available under the Plan. Forms to change your investment funds may be found at **www.hr.columbia.edu**. Refer to *Changing Your Existing Account Balance Investment Elections* section on page 6 for restrictions on investment election changes.

You may change your investment fund choices as often as you like by contacting the Investment Carrier directly.

You also may want to consult your investment or financial advisor before making your investment decisions. It is intended that the Plan constitute a plan described in Section 404(c) of the Employee Retirement Income Security Act (ERISA) and that the fiduciaries of the Plan, including the University, shall be relieved of liability for any losses which are the direct and necessary result of your investment decisions.

If you do not select an Investment Carrier, contributions made on your behalf by the University are automatically invested in the Vanguard Retirement Target Date Fund assuming retirement at age 65. If you designate a carrier but do not complete the application form for that carrier, the contributions will be directed to a Retirement Target Fund at your selected carrier. Calvert does not provide a Retirement Target Fund, therefore your contributions will be directed to a balanced fund. Forms are found at **www.hr.columbia.edu**.

A Retirement Target Fund is a fund actively managed with a portfolio of investments intended to match the appropriate diversification of investments needed for someone at your age and assumes your retirement will be at age 65. Details about this fund may be found by contacting the carrier directly by phone or at their website.

Investment Carriers

The Plan's Investment Carriers are currently Calvert, Teachers Insurance Annuity Association – College Retirement Equities Fund (TIAA-CREF), and The Vanguard Group (Vanguard).

---

[3] In the case of a maternity or paternity leave, if such hours are not necessary to prevent a break in service in the service computation period in which a maternity or paternity leave begins, such hours will be taken into account in your following service computation period.

Calvert is a mutual fund company that offers mutual funds in the form of a custodial account. Each mutual fund invests your contributions in a certain type of investment such as stocks or bonds (or a combination of both) and each mutual fund has a distinct investment strategy. Calvert has been a leading investment firm for over 30 years and offers a broad range of products, from expertly managed bond funds to the nation's broadest array of socially screened mutual funds. Calvert's socially responsible funds seek to invest in companies and other enterprises that demonstrate positive environmental, social and governance performance as they address corporate responsibility and sustainability challenges.

TIAA-CREF is an insurance company that offers a variety of investment funds in the form of annuity contracts ranging from the TIAA Retirement Annuity, which guarantees a stated rate of interest, to a CREF Global Equities Account, which invests in securities traded on world markets. TIAA-CREF also offers mutual funds in the form of a custodial account with each mutual fund investing in a certain type of investment such as stocks or bonds (or a combination of both) and each mutual fund having a distinct investment strategy.

Vanguard is one of the largest investment management companies in the United States. It offers more than 60 mutual funds in the form of custodial accounts. Each mutual fund invests your contributions in a certain type of investment such as stocks or bonds (or a combination of both) and each mutual fund has a distinct investment strategy.

You may obtain more information about an Investment Carrier at any time through their websites or by speaking with their representatives by telephone.

Investment Carrier Contact Information		
Calvert	800-368-2745	www.calvert.com/investor-workplace-columbia.html
TIAA-CREF	800-842-2776	www.tiaa-cref.org
The Vanguard Group	800-523-1188	www.vanguard.com

The University has the right, upon reasonable notice to participants, to add or eliminate an entity as an Investment Carrier.

Funding Vehicles

Each Investment Carrier offers a specific funding vehicle through which your contributions are invested. The types of Funding Vehicles offered by the Investment Carriers are described below:

TIAA Traditional Annuity. The TIAA Traditional Annuity is a fixed annuity contract. Contributions are used to purchase a contractual or guaranteed amount of future retirement benefits. Once purchased, the guaranteed benefit of principal plus interest cannot be decreased, but it can be increased by dividends. If you choose to have your account balance in the TIAA Traditional Annuity paid in the form of a lifetime annuity, the amount of your annuity income will consist of the guaranteed amount plus dividends that may be declared each year. Dividends, if any, may increase or decrease and changes are usually gradual. Note that withdrawal and transfer restrictions apply. Lump sum distributions of your account balance in the TIAA Traditional Annuity generally are **not** available. Transfers to other Funding Vehicles are also restricted – TIAA requires that transfers from the TIAA Traditional Annuity be made over a 10-year period with a minimum transfer of $10,000 or your entire account balance, if less.

TIAA Real Estate Account and CREF Accounts. The TIAA Real Estate Account and the CREF Accounts are variable annuity contracts. Contributions are used to purchase accumulation units, or shares of participation in an underlying investment fund; the value of which changes each business day. You may also choose to receive annuity income from the TIAA Real Estate Account and any of the CREF Accounts but there is no guaranteed baseline income or declared dividends. Instead, your annuity income is based on the value of the account balance, a value that changes daily. Lump sum distributions of your account balances in TIAA Real Estate Account and any of the CREF Accounts are available.

Vanguard and Calvert Accounts. The Vanguard and Calvert accounts are custodial accounts. Contributions are used to purchase accumulation units, or shares of participation in an underlying investment fund, the value of which changes each business day. Lump sum distributions of your account balances in a Vanguard and Calvert account are available. If you wish to have your Vanguard or Calvert account balances paid in the form of a lifetime annuity, the account balances must be transferred to a TIAA-CREF Funding Vehicle.

Choosing Your Investment Funds

Each Investment Carrier offers a wide range of investment funds and information.

- General descriptions of the investment objectives and risk and return characteristics of each investment fund, including information relating to the type and diversification of assets or investment strategy of each investment fund, are included with the fund application form.
- More detailed information may be obtained directly from the Investment Carriers, including the following:
  - Copies of any prospectus or financial reports for each fund, if applicable
  - A list of assets and a description of investment options for each fund
  - Current share values and net performance history for each fund
  - A description of the annual operating expenses for each fund
  - A description of any distribution or transfer restrictions for each fund

You may obtain the above information from the HR Benefits Service Center or directly from the Investment Carriers at any time through their websites or by speaking with their representatives by telephone.

The University has the right, upon reasonable notice to participants, to add or eliminate any investment fund offered by an Investment Carrier.

Changing Your Existing Account Balance Investment Elections

There are two different types of investment election changes. You can transfer your existing account balance (in other words, prior contributions and earnings) among Investment Carriers and investment funds (subject to withdrawal and transfer restrictions of the Investment Carrier), and you can change your investment elections for future contributions made on your behalf by the University.

Within an Investment Carrier. You may transfer existing account balances between investment funds but within an Investment Carrier (TIAA-CREF, Vanguard, or Calvert) as often as you like through the Investment Carrier's website or by speaking with its representatives by telephone. **Note that TIAA-CREF imposes the following transfer restrictions:**

- If your account balance in the TIAA Traditional Annuity is $2,000 or more, you can transfer amounts from the TIAA Traditional Annuity only by using TIAA-CREF's 10-year Transfer Payout Annuity (TPA). Under the TPA, the amount you elect to transfer will be transferred in 10 substantially equal annual installments that will include principal, interest, plus any dividends earned. The minimum transfer that you may elect to transfer under the TPA is $10,000 or your entire account balance, if less. If your account balance in the TIAA Traditional Annuity is less than $2,000, you may transfer your entire account balance in a single lump sum.

- The minimum transfer from a CREF Account is $1,000 or your entire account balance, if less.

You should contact the Investment Carrier to obtain information as to the timing of a transfer. Typically, a transfer can be completed on the day the Investment Carrier receives your instructions. Note, however, that the Investment Carriers reserve the right to suspend or terminate your right to transfer amounts among the investment funds through their websites or by phone and reserve the right to limit transfer frequency.

To a Different Investment Carrier. You may transfer existing account balances held by one Investment Carrier to another Investment Carrier or Carriers at any time by contacting the Investment Carrier to which you are transferring your account balances and by completing the appropriate asset transfer form.

Keeping Track of Your Investments

It is important that you regularly review your investment decisions to ensure that they continue to meet your personal investment objectives. Keep in mind that the amount of your benefits payable from the Plan not only depends on the amount of contributions made on your behalf each year and your vested status but also on the investment performance of the investment funds you select. To help you keep track of your investments, the Investment Carriers provide you with quarterly statements on the investment of your contributions. Your statement will show account activity, including your current account balances; dividends paid and interest earned, if any; and University contributions made and distributions received. You also may monitor the status of your investments online 24 hours a day, seven days a week, through the Investment Carriers' websites and review your investments with an Investment Carrier representative by telephone.

Calvert

To access your account information online with Calvert, follow the steps below:

1. Go to www.calvert.com.
2. Click on "My Account" button in the upper right-hand side of the menu bar.
3. Click on the University Pension Account Access option on the "My Account" page.
4. Check the box agreeing to the terms and click "Proceed."
5. Enter the Social Security Number (SSN) and personal identification number (PIN). The PIN initially defaults to the last four digits of the Social Security Number.

If you need assistance accessing your account online or pin number, call Calvert at (800) 368-2745.

TIAA-CREF

To use the TIAA-CREF Account Access System, you will need your Social Security Number, date of birth, and a TIAA-CREF contract number. Your contract number is provided in the original welcome package sent to you by TIAA-CREF. It also appears on your quarterly statements and your Annual Retirement Planner. If you cannot locate your contract number or otherwise need assistance accessing your personal account information online, call TIAA-CREF at (800) 842-2776. When you have the information you need, go to TIAA-CREF's website at www.tiaa-cref.org and click "Create Log-in" under "Secure Access" in the upper left-hand corner of the TIAA-CREF home page, then follow the steps below:

1. Enter your Social Security Number and date of birth; check the box next to "I am a current TIAA-CREF customer."
2. Enter your TIAA or CREF contract number found on your quarterly statement.
3. Create and enter a User ID and password.
4. Confirm your User ID and password by re-entering them in the fields provided.
5. Click on the word "submit."

Vanguard

To access your account information online with Vanguard, follow the steps below:

1. Have your Social Security Number, Plan number (091010), birth date, and zip code.
2. Go to www.vanguard.com and select "Personal Investors."
3. Click the "Log on" button.
4. Select "Set up your user name and password" and follow the instructions provided.

If you need assistance accessing your account online, call Vanguard at (800) 523-1188.

From time to time, the Investment Carriers may modify or change the steps to access your account information online. Any modifications or changes will be noted on their websites.

Termination of Employment

Once you terminate employment and if you are 100% vested under the Plan, your account balance will remain in your Funding Vehicles until you start receiving benefit payments as explained in the Receiving Your Benefits section. Please refer to the Vesting Section for the Plan's vesting schedule. Therefore, it is important that you continue to regularly review your investment decisions. Your account balance in the TIAA Traditional Annuity will continue to be credited with the same interest and dividends as they would have been had you continued employment with the University and your account balances in the TIAA Real Estate Account, CREF Accounts, Vanguard Accounts and Calvert Accounts will continue to participate in the market experience of those accounts and funds. Keep in mind that you will continue to have flexibility to make transfers among the Plan's Investment Carriers and the investment funds offered under the Plan.

Receiving Your Benefits From the Plan

Accessing Pension Benefits before Termination of Employment

You may not withdraw benefits from the Plan while employed by the University even though you may be vested. In-service withdrawals (including hardship withdrawals) and loans are not permitted.

Accessing Pension Benefits after Termination of Employment

If you are vested upon termination of employment, you are entitled to benefits from the Plan equal to the value of your account balances in all Funding Vehicles held on your behalf under the Plan. After you terminate employment with the University, you can start receiving benefit payments from the Plan as follows:

- Any time on or after your attainment of age 55; provided, however, federal law requires that you begin receiving benefit payments no later than the April 1 following the calendar year in which you turn age 70½.
- Prior to your attainment of age 55 in the event you become totally and permanently disabled[4] while employed by the University.
- Prior to your attainment of age 55 in the event the entire amount of your Plan benefit, in other words, the total value of your account balances in all Funding Vehicles and, if applicable, the value of your benefits attributable to your pre-July 1, 1976 employment, is less than $5,000.

Benefits Attributable to Pre-July 1, 1976 Employment

If you were employed by the University prior to July 1, 1976, the payment of benefits for your pre-July 1,1976 employment is subject to different rules. Please contact the HR Benefits Service Center for information regarding your prior employment.

Commencing Benefit Payments

To start benefit payments from the Plan, you must complete and submit a benefit application that can be obtained from your Investment Carriers. Once you submit your benefit application to your Investment Carriers, the Investment Carriers will request certification from the HR Benefits Service Center of your eligibility (in other words, your vested status, termination of employment and age) to receive benefit payments from the Plan. Once certification is received, the Investment Carriers will send you a distribution packet that will include detailed information about the available payment options. To complete the necessary paperwork, you should submit your benefit application to your Investment Carriers at least two months before the date on which you want your benefit payments to begin.

Normal Form of Payment

If you are married on the date you start benefit payments, the Plan is required to pay the value of your account balances in all Funding Vehicles in the form of a Survivor Annuity unless you waive the Survivor Annuity form of payment with your spouse's consent and you elect an optional form of payment. Under a Survivor Annuity, monthly payments are made for your lifetime and, at your death, your surviving spouse receives monthly payments equal to 50%, 66⅔%, 75% or 100% of your monthly benefit depending on the Survivor Annuity you select. After your surviving spouse dies, all payments stop.

If you are not married on the date you start benefit payments, the Plan is required to pay your entire account balance in the form of a Single Life Annuity unless you waive the Single Life Annuity form of payment and elect an optional form of payment. Under a Single Life Annuity, monthly payments are made for your lifetime, and at your death, all payments stop.

If you do not waive the annuity form of payment, you must transfer any account balances in a Vanguard or Calvert Funding Vehicle to a TIAA-CREF Funding Vehicle, in other words, a TIAA Traditional Annuity, TIAA Real Estate Account or to a CREF Account.

---

[4] You will be considered totally and permanently disabled if you suffer from a physical or mental condition that totally and presumably permanently prevents you from engaging in any substantial gainful activity and is expected to last for at least 12 months or to result in death, determined on the basis of a medical examination by a physician designated by the Plan Administrator.

Optional Forms of Payment

The optional forms of payment vary depending on the Funding Vehicle in which your account balances are invested. Once you are eligible to start receiving benefit payments, you have the flexibility to start payments from your various Funding Vehicles on different dates; provided, however, in the case of a TIAA-CREF Funding Vehicle, you must have an account balance of at least $10,000 to do so. For example, you can elect different benefit commencement dates for various CREF Accounts so long as you have an account balance of at least $10,000 in each CREF Account or you can begin receiving monthly payments from the TIAA Traditional Annuity and leave your account balance in a Vanguard or Calvert Funding Vehicle for distribution at a later date. You can also elect different forms of payment for your account balances in the various Funding Vehicles so long as the form of payment is available to you and, in the case of a TIAA-CREF Funding Vehicle, you have accumulations of at least $10,000 for each form of payment. Certain forms of payment, however, are available only if you have met certain age or other requirements as described in this Section. The optional payment forms available and any restrictions are governed by the terms of your Funding Vehicles and currently include:

- Single Life Annuity Option. This option pays you an income for life with payments stopping at your death. This option is also available with a 10-, 15-, or 20-year guaranteed payment period (but not exceeding your life expectancy at the time you begin annuity payments). If you die during the guaranteed period, payments in the same amount that you would have received continue to your beneficiary(ies) for the rest of the guaranteed period. This option is available only for your account balances in the TIAA Traditional Annuity, the TIAA Real Estate Account, or a CREF Account.

- Survivor Annuity Option. This option pays you a monthly benefit for life, and if your co-annuitant lives longer than you, he or she continues to receive a monthly benefit for his or her life. The amount of the monthly benefit continuing to your co-annuitant depends on which of the following three options you choose:

  - 50% Benefit to Co-annuitant. Your monthly benefit payment continues as long as you live. If you die and your co-annuitant survives you, he or she will receive one-half of the monthly benefit you would have received if you had lived.
  - 75% Benefit to Co-annuitant. Your monthly benefit payment continues as long as you live. If you die and your co-annuitant survives you, he or she will receive three-quarters of the monthly benefit you would have received if you had lived.
  - 100% Benefit to Co-annuitant. Your monthly benefit payment continues as long as either you or your co-annuitant is living.
  - Two-thirds Benefit to Survivor. At the death of either you or your co-annuitant, your monthly benefit payment is reduced to two-thirds the amount that would have been paid if both of you had lived, and the reduced monthly benefit payment is continued to the survivor for life.

  All survivor annuities are available with a 10-, 15-, or 20-year guaranteed period, but not exceeding the joint life expectancies of you and your co-annuitant at the time you begin annuity payments. This option is available only for your account balances in the TIAA Traditional Annuity, the TIAA Real Estate Account, or a CREF Account.

- Retirement Transition Benefit Option. This option enables you to receive a one-time lump sum payment of up to 10% of your account balances in the TIAA Traditional Annuity, the TIAA Real Estate Account, or a CREF Account at the time you start payments under an annuity option. The one-time payment cannot exceed 10% of your account balances then being converted to an annuity.

- Transfer Payout Annuity Option. This option enables you to receive benefit payments from the TIAA Traditional Annuity over a 10-year period instead of in the form of a Single Life Annuity or a Survivor Annuity. At the end of the 10-year period, all payments stop. If you die during the 10-year period, payments will continue in the same amount to your beneficiary for the remaining period.

- Interest Payment Retirement Option (IPRO). This option enables you to receive benefit payments from the TIAA Traditional Annuity equal to the contractual interest rate plus dividends that would otherwise be credited to your TIAA Traditional Annuity and is available only if (1) you are between the ages of 55 and 69½ and (2) your account balance in the TIAA Traditional Annuity is at least $10,000. Under the IPRO, your account balance is not reduced because monthly payments are limited to the interest earned on your account balance. Interest payments made under the IPRO must continue for at least 12 months and thereafter will continue until you begin or must begin receiving benefit payments from the TIAA Traditional Annuity. When you do begin benefit payments from the TIAA Traditional Annuity, you may choose any of the available annuity options. If you die while receiving interest payments under the IPRO, your beneficiary will receive the value of your account balance, plus interest earned but not yet paid.

- Fixed-Period Option. This option enables you to receive benefit payments over a fixed period between two and 30 years. At the end of the selected period, all payments stop. If you die during the selected period, payments will continue in the same amount to your beneficiary for the duration. This option is not available for your account balance in the TIAA Traditional Annuity; however, a 10-year fixed-period option is available under the *Transfer Payout Annuity Option* described above.

- Minimum Distribution Option (MDO). This option enables you to automatically comply with federal tax law distribution requirements and is available only in the year you attain age 70½ or terminate employment with the University, if later. Under the MDO, you will receive the minimum distribution that is required by federal tax law while preserving as much of your account balances as possible. If you die while receiving payments, your beneficiary will receive the remaining amount of your account balance subject to the MDO. This option is available under all Funding Vehicles.

- Lump Sum or Partial Lump Sum Distribution Option. This option enables you to receive all or a portion of your Plan benefits in the form of a lump sum distribution or partial lump sum distributions. This option is not available for your account balance in the TIAA Traditional Annuity unless your account balance is less than $2,000 at the time of distribution and you do not have a Transfer Payout Annuity in effect with respect to that account balance. Once you receive your entire account balances in all Funding Vehicles, no future benefits from the Plan will be payable to you, your spouse, or beneficiaries upon your death.

The above description of the forms of payments is a summary and is subject to change. Contact your Investment Carrier for detailed information regarding the forms of payment available to you.

Amount of Monthly Benefit Payments

If you elect to have your accumulations paid under an annuity option, the amount of your monthly benefit payment will depend on a number of factors – your account balance subject to the payment option, the form of payment elected, and, in the case of an annuity option, your age, and, if applicable, your co-annuitant's age at the time benefit payments commence. For example, if you elect an annuity option, your monthly benefit payments will be greater under the Single Life Annuity Option versus a Survivor Annuity Option. This is because your monthly benefit payments under a Survivor Annuity Option are reduced to take into account that payments continue to your spouse or other beneficiary after your death. The rules used to determine the monthly payment amounts under the different payment options are somewhat complex. For detailed information regarding the amount of monthly income you and/or your co-annuitant or beneficiary can expect under an annuity form of payment, contact TIAA-CREF. Also, keep in mind that federal tax laws may limit the length of a guaranteed period or the amount of a survivor annuity if you name a co-annuitant who is not your spouse.

Electing a Form of Payment

The election of a form of payment must be made during the 180-day period before your payments begin. If you are married when benefit payments begin and you wish to elect an optional payment form or a co-annuitant other than your spouse, your spouse must consent within the same 180-day period. The waiver also may be revoked during the same 180-day period but cannot be revoked after payments begin.

Your spouse's consent must be in writing and witnessed by a notary public and must contain his or her acknowledgment as to the effect of the consent and that it is irrevocable. Your spouse must either consent to a specific form of payment or expressly permit you to choose an optional form of payment without his or her consent. Spousal consent is not required if you can establish to the Plan Administrator's satisfaction that you have no spouse or that he or she cannot be located. Unless a Qualified Domestic Relations Order (QDRO), as defined in Section 414(p) of the Internal Revenue Code, requires otherwise, your spouse's consent is not required if you are legally separated or if you have been abandoned (within the meaning of local law) and you have a court order to such effect.

It is important to understand that you cannot change your form of payment or co-annuitant under an annuity option once benefit payments have begun. The beneficiary under other payment options can be changed, with spousal consent, if the new beneficiary is not your spouse.

Required Payment of Benefits

Generally, benefits must be paid or must commence no later than April 1 of the calendar year following the year in which you attain age 70½, or, if later, April 1 following the calendar year in which you terminate employment from the University. The payment of benefits by your required beginning date is extremely important. Federal tax law imposes a 50% excise tax on the difference between the amount of benefits required by law to be distributed and the amount actually distributed if it is less than the required minimum amount. You should keep the HR Benefits Service Center and your Investment Carriers informed of your current mailing address. Neither the University nor your Investment Carriers are responsible for locating you at the time payment is required to be made.

Tax Information

Benefit payments are subject to federal income tax when you receive them unless the benefit payment is an "eligible rollover distribution." If you roll over all or a part of an eligible rollover distribution within 60 days, that portion will not be subject to federal income tax in the year of distribution and will continue to be tax-deferred.

An eligible rollover distribution, in general, is any cash distribution other than an annuity payment, a minimum distribution payment, or a payment that is part of a fixed period payment over ten or more years. If you receive a benefit payment which is an eligible rollover distribution, you may roll over all or a portion of it either directly or within 60 days after receipt into an individual retirement account or annuity (IRA) described in Section 408(a) or 408(b) of the Internal Revenue Code, a qualified plan described in Section 401(a) or 403(a) of the Internal Revenue Code, a tax-deferred annuity contract described in Section 403(b) of the Internal Revenue Code, or an eligible plan described in Section 457(b) of the Internal Revenue Code which is maintained by a state, political subdivision of a state, or any agency or instrumentality of a state or political subdivision of a state that accepts your eligible rollover distribution and, to the extent required, separately accounts for your eligible rollover distribution.

Eligible rollover distributions are subject to a mandatory federal income tax *unless* it is rolled over directly to an IRA or other eligible retirement plan; this process is called a "direct rollover." If you have an eligible rollover distribution paid to you, the applicable percentage of the distribution must be withheld even if you intend to roll over the money into an IRA or other eligible retirement plan. To avoid withholding, instruct your Investment Carrier to directly roll over the money for you.

You also may be required to pay an additional 10% federal excise tax if you receive benefit payments prior to age 59-1/2 unless the distribution is made under certain exceptions provided by federal tax law.

The tax information described above is not intended to give specific tax advice to you (or your beneficiaries). A more detailed summary, *Special IRS Tax Notice Regarding Plan Payments,* contains more information and is available from the Investment Carriers. Tax laws are complicated and change often; they also affect different individuals in different ways. A professional tax advisor is your best source of information about tax laws applicable to benefit payments from the Plan.

Qualified Domestic Relations Orders

A court may award all or part of your account balances to a present or former spouse, child or other dependent (an "alternate payee") through a "Qualified Domestic Relations Order" or "QDRO." Distributions to an alternate payee can occur as early as age 55. If a domestic relations order is determined to be a QDRO by the Plan Administrator, the Plan will comply with the terms of the QDRO. The procedures used by the Plan Administrator to review domestic relations orders and process QDROs are available upon request to the HR Benefits Service Center.

Death Benefits

Death Benefits

If you die after your benefits have begun, the form of benefit you elected will determine the death benefit, if any.

If you die *before* your benefit payments begin under a Funding Vehicle, the entire value of your Funding Vehicle is payable as a death benefit. If you are not married at the time of your death, the entire value of your Funding Vehicle will be paid to your designated beneficiary(ies). If you are married at the time of your death, at least 50% of the entire value of your Funding Vehicle is payable to your spouse in the form of a surviving spouse annuity unless you and your spouse waive the surviving spouse annuity and your spouse consents to your non-spouse beneficiary as described below.

Designating your Beneficiary

Upon becoming a participant in the Plan, you will name your beneficiary in the Investment Carrier's fund application. If you have not commenced benefit payments under an Investment Carrier and you are married at the time of your death, the Plan is required to pay at least 50% of the entire value of your Funding Vehicles to your surviving spouse unless your spouse waives the surviving spouse annuity and consents to your beneficiary designation as provided below. You generally must be at least 35 years old or have terminated employment before you can designate more than 50% of your account balances to a non-spouse beneficiary. Keep in mind:

- If your spouse does not waive the surviving spouse annuity and consent to your beneficiary designation or if you marry after completing your beneficiary designation, the Plan is required to pay 50% of the entire value of your Funding Vehicles to your spouse, if he or she survives you. The remaining 50% will be paid in accordance with your beneficiary designation.
- If you fail to designate a beneficiary or none survives you, your account balances (except for any 50% spousal death benefit payable) will be paid to your estate.

You should review your beneficiary designations from time to time to keep them current. If your beneficiary dies before you or if your circumstances change as a result of marriage or divorce, you may be left with no beneficiary or an inappropriate beneficiary.

Waiving the Surviving Spouse Annuity

The period during which you may elect to waive the surviving spouse annuity begins on the first day of the Plan Year in which you attain age 35. The period continues until the earlier of your death or the date you start receiving benefit payments. If you terminate employment with the University before age 35, the period for waiving the surviving spouse annuity begins as of your date of termination. The waiver also may be revoked during the same period.

Your spouse's consent to your waiver must be in writing and witnessed by a notary public and must contain his or her acknowledgment as to the effect of the consent and that it is irrevocable. Spousal consent is not required if you can establish to the University's satisfaction that you have no spouse or that he or she cannot be located. Unless a Qualified Domestic Relations Order (QDRO), as defined in Section 414(p) of the Internal Revenue Code, requires otherwise, your spouse's consent is not required if you are legally separated or if you have been abandoned (within the meaning of local law) and you have a court order to such effect.

Optional Forms of Payments for Death Benefits

You may choose one or more of the payment options permitted under your Funding options for the payment of death benefits, or you may leave the choice to your beneficiary. The payment options available are similar to the payment options described in the Receiving Your Benefits section. For further information regarding the payment options for death benefits contact your Investment Carrier.

Required Payment of Death Benefits

Generally, if you die before your benefit payments begin from an Investment Carrier, the entire value of those account balances must normally be distributed by December 31 of the fifth calendar year after your death. Under a special rule, death benefits may be payable over the life or life expectancy of your beneficiary if benefit payments begin not later than December 31 of the calendar year immediately following the calendar year of your death. If the designated beneficiary is your spouse, the commencement of benefits may be deferred until December 31 of the calendar year that you would have attained age 70-1/2 had you continued to live. The payment of benefits in accordance with these rules is extremely important. Federal tax law imposes a 50% excise tax on the difference between the amount of benefits required by law to be distributed and the amount actually distributed if it is less than the required minimum amount. Your Investment Carriers will notify your beneficiary of the applicable requirements at the time he or she notifies the Investment Carriers of your death. You should keep the HR Benefits Service Center and your Investment Carriers informed of your beneficiary's current mailing address. Neither the University nor the Investment Carriers are responsible for locating your beneficiary at the time payment is required to be made.

Plan Administration

Funding of Plan

Benefits based on employment after July 1, 1976 are provided through the defined contribution portion of the Plan pursuant to which individual "accounts" are established or maintained on behalf of participants. The Plan is funded through individual annuity contracts if TIAA-CREF has been selected or individual custodial accounts if Vanguard or Calvert has been selected.

Trustees

At the present time, the Trustees are:

- Lisa Hogarty, Chief Administrative Officer, Columbia University Medical Center, College of Physicians and Surgeons, 630 W. 168th Street, P & S 2-430, New York, NY 10032

- Roxie Smith, Vice Provost, Office of the Provost, Columbia University, 205 Low Library, New York, NY 10027

- Anne Rollow Sullivan, Executive Vice President for Finance, 314 Low Library, New York, NY 10027

Plan Administrator

Subject to the general rules and interpretations of the Plan made by the Retirement Committee, the Plan Administrator (or its delegate) shall determine all questions relating to the administration of the Plan, including, but not limited to, questions relating to eligibility to participate in the Plan and the computation of the amount and kind of benefits payable to the Participants and their beneficiaries.

Retirement Committee

The Trustees have appointed a Retirement Committee consisting of at least three, but no more than five, members. The names of the members of the Retirement Committee are available upon request. The Retirement Committee has the power and discretionary authority to interpret the terms of the Plan and make any necessary rules for its administration, including, but not limited to, the determination of all questions relating to the administration of the Plan, eligibility to participate in the Plan and the computation of the amount and kind of benefits payable to the Participants and their beneficiaries. A determination by the Retirement Committee shall be final and binding.

Claims Procedures

Subject to the general rules and interpretations of the Plan made by the Retirement Committee, the Plan Administrator shall determine all questions relating to the administration of the Plan, including, but not limited to, questions relating to eligibility to participate in the Plan and the computation of the amount and kind of benefits payable to the Participants and their beneficiaries. A determination by the Plan Administrator shall be final and binding.

You, your designated beneficiary or authorized representative shall file a claim for benefits from the Plan with the Plan Administrator. Within 90 days after receiving the claim with all necessary documents and information, the Plan Administrator will send you (or your beneficiary or authorized representative) written or electronic notice of the decision on the claim. If special circumstances require an extension of time for processing the claim, you will receive a written or electronic notice of the extension before the expiration of the initial 90-day period. The notice will indicate the special circumstances requiring an extension of time and the date by which a final decision is expected to be rendered. In no event shall the period of the extension exceed 90 days from the end of the initial 90-day period.

If all or part of a claim is denied, the notice of the denial will set forth: (1) the specific reasons for the denial; (2) references to the Plan provisions upon which the denial is based; (3) a description of any additional information or material necessary for perfection of the claim (together with an explanation why such material or information is necessary); (4) an explanation of the Plan's claims review procedures; and (5) a statement of your right to bring a civil action under Section 502(a) of ERISA if the claim is denied upon review.

In the case of a denial of a claim by the Plan Administrator, you (or your beneficiary or authorized representative) may ask the Retirement Committee to review the claim by following the administrative procedures for a review set forth below.

Claims Review Procedures

In the event your claim for benefits is denied in whole or in part by the Plan Administrator under the section above, you must exhaust the Plan's claim reviews procedures as set forth in this section prior to seeking any other form of relief. You may file a request for review by the Retirement Committee under the procedures set forth below.

To request a review of a decision on your claim for benefits, you must file a request for review with the Retirement Committee in writing within 60 days after the date of notice of the decision. You may submit written comments, documents, records, and other information relating to your claim. You will also be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relating to your claim.

The Retirement Committee will conduct a full and fair review of the claim taking into account all claim related comments, documents, records, and other information that you submit, without regard to whether the information was submitted or considered under the initial determination.

Within 60 days after receiving your request for review and all necessary documents and information, the Retirement Committee will send you written or electronic notice of the decision on the review. If special circumstances require an extension of time for processing, you will receive written or electronic notice of the extension before the expiration of the initial 60-day period. The notice will indicate the special circumstances requiring an extension of time and the date by which a final decision is expected to be rendered. In no event shall the period of the extension exceed 60 days from the end of the initial 60-day period.

In the case of a denial following review, you will receive written or electronic notice of such denial that will set forth: (1) the specific reasons for the denial; (2) references to the Plan provisions upon which the denial is based; (3) a statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relating to his or her claims for benefits; and (4) a statement of your right to bring a civil action under Section 502(a) of ERISA.

RETIREE MEDICAL PROGRAM

Introduction

Columbia University is committed to helping you and your family protect your health and welfare after you retire. The Retiree Medical Program for Columbia University provides valuable protection by paying some of your medical and prescription drug expenses, before and after you are eligible for Medicare. The coverage is provided through Empire BlueCross BlueShield.

This document summarizes the key features and terms of the Plan's benefits as they exist today. It is not intended as a substitute for the Plan document. If there is any ambiguity or discrepancy between the terms of the Plan and this summary, the terms of the Plan document will control and be final.

The details of the Plan, including conditions and exclusions, are in the Summary Plan Description. If you do not have a Summary Plan Description, contact Empire BlueCross BlueShield at (800) 435-1385 or visit their website at **www.empireblue.com**. You can also write to them at:

Empire BlueCross BlueShield
P.O. Box 1407
Church Street Station
New York, NY 10008

Eligibility

You are eligible for this coverage if you retired under the Columbia University Retirement Plan for members of the Supporting Staff Association at the College of Physicians and Surgeons (the "SSA") after attaining age 55 and completing at least 10 years of service after the age of 45 prior to your retirement.

You may also cover eligible dependents under the Plan. Refer to the Summary Plan Description for a definition of eligible dependents.

Cost of Coverage

This coverage is currently available to you at no cost.

The University reserves the right to amend or revise the basis for determining contributions, which may result in your paying part or all of the cost of this coverage in the future.

How the Medical Plan Works

The Plan offers you and your covered dependents a broad scope of hospital and medical benefits. These include physician services, preventive care, inpatient and outpatient hospital care, surgery, diagnostic tests and X-rays, certain types of therapy, treatment of mental health and substance abuse conditions, home health care, hospice care and prescription drugs.

Covered expenses are subject to certain terms, that are explained briefly below. Please contact Empire BlueCross BlueShield at (800) 435-1385 to receive a detailed Summary Plan Description.

Calendar Year Deductible

Each year, you must pay some of your covered expenses – the deductible – in full before the Plan will pay benefits for covered care. The amount of your deductible depends on your age:

- If you are under age 65, your deductible is $150 for each covered person, up to a family maximum of $450.
  - Retirees who show proof of other coverage (minimum 21 day hospital coverage) will receive medical and prescription drug coverage. Hospital benefits are not covered.
  - Retirees who **don't** show proof of other coverage (minimum 21 day hospital coverage) will receive hospital benefits in addition to the medical and prescription drug benefits. A $2,000 deductible applies to **both** medical and hospital benefits.
- If you are age 65 or older, the annual deductible is reduced to $100 per person.

Two special conditions may apply to the deductible:

- You can apply deductible expenses that you incur in the last quarter of one calendar year (October, November and December) toward the deductible for the next calendar year.
- If two or more covered members of a family are injured in the same accident, you need to pay only one deductible for that accident. The Plan will pay benefits for all covered expenses related to the accident. This applies only in the calendar year in which the accident occurs.

Co-Insurance

Co-insurance is the part of a covered medical expense that you pay after you meet the deductible. After you meet the deductible, you pay 20% of the covered cost of most services and the Plan pays 80%.

Out-of-Pocket Maximum

The Plan limits the amount you have to pay for covered medical services each year after you meet the deductible. This limit is called the out-of-pocket maximum. After your out-of-pocket costs for a covered person reach $750 (or $3,750 in covered expenses) in a calendar year, the Plan pays 100% of that person's covered costs for the rest of the year. Payments will not exceed the Plan's normal benefit limits.

Reasonable and Customary Amount

Plan benefits are based on the reasonable and customary (R&C) charge for a covered service. In this summary, the R&C charge is referred to as the "covered cost" of a service.

R&C reflects the fee that most providers in an area charge for the same or similar service. To determine whether a charge is reasonable and customary, the Plan considers the severity of the condition and any unusual circumstances that might call for special expertise or treatment method.

The Plan will not reimburse you for any charges that exceed the R&C amount. You must pay any excess yourself, along with your deductible and co-insurance.

Lifetime Benefit Maximum

The Plan limits the amount of benefits it will pay a participant. The Plan's lifetime maximum benefit is $1 million for each covered person. If you or a covered dependent reaches this limit, coverage under the Plan will end.

If you are eligible for Medicare, the lifetime benefit maximum is reduced to $150,000 per person.

Keep in mind that the Plan has other coverage limits for certain medical services and charges. For more details, please refer to the Summary Plan Description.

Coordination of Benefits

If you have coverage under another health care plan, the Plan will coordinate its benefit payments. This is done to ensure that the combined payments to you do not exceed the actual expenses incurred.

Under coordination of benefits, one plan has primary responsibility and the other is secondary. The primary health care plan will reimburse you first. When this Plan is secondary, total plan benefits will not exceed the amount the Plan would have paid if it were primary. Please see the Summary Plan Description from Empire BlueCross BlueShield for an explanation of how the Plan determines which plan is primary.

If you are eligible for Medicare, Medicare is your primary coverage and will pay benefits first. Benefits from this Plan will not exceed Medicare's allowable charge for a service.

Medical Plan Benefits

The chart below contains highlights of the benefits available under the Plan. This is not a complete list of covered services, and does not include information about benefit limits or exclusions. For full details about coverage and benefits, refer to the Summary Plan Description from Empire BlueCross BlueShield.

Covered Service / Feature	Plan Benefits
Annual deductible Individual Family	 $150 ($100 for Medicare-eligible) $450
Co-insurance (Plan pays)	80% of the covered cost after deductible
Out-of-pocket maximum (not including deductible) Individual Family	 $750 N/A
Physician Services	
Physician office and hospital visits, and other services	80% of covered cost after deductible
Preventive care Well-child care, subject to Plan limits Other routine screenings	 100% of covered cost, no deductible 80% of covered cost after deductible
Hospital Services	
Inpatient care	80% of covered cost after deductible; up to 365 days a year
Outpatient care	80% of covered cost after deductible
Emergency room	80% of covered cost after deductible, for medical emergency
Mental Health and Substance Abuse	
Inpatient Care	80% of covered cost after deductible; up to 30 days a year per person; up to 30 inpatient visits a year
Outpatient Care	Mental health: 80% of covered cost after deductible; up to 30 visits a year per person Substance abuse: 80% of covered cost after deductible; up to 60 visits a year per person
Other Medical Services	
Skilled Nursing Facility	80% after deductible; up to 120 days a year
Home Health Care	With participating agency: 100% of covered cost, no deductible; up to 200 visits a year per person With non-participating agency: 100% of covered cost after $50 deductible; up to 40 visits a year per person
Hospice	80% of covered cost after deductible; up to 210 days a year
Prescription Drugs	80% of covered cost after deductible Note: You pay for your prescription at the pharmacy and need to submit a claim form for reimbursement to Empire BlueCross BlueShield (see page 18). You cannot use your Plan ID card to pay for your prescription.

Claiming Your Medical Benefits

You or your provider must file a completed health insurance claim form with Empire BlueCross BlueShield within 18 months of receiving a covered service or buying a prescription drug.

Generally, your provider will file the claim for you, and Empire BlueCross BlueShield will pay the provider any benefit that is due. When the claim is processed, you will receive an Explanation of Benefits (EOB) from the Plan explaining the terms of the payment. The provider will bill you for any outstanding balance.

In some cases, you may have to file a claim yourself. For example, when you buy a prescription drug, you must pay for the prescription first and then file a claim for your benefit. The Plan will pay any benefit to you and provide an EOB.

If you need to file a claim yourself, you can visit www.empire.com to get a claim form, or contact the HR Benefits Service Center at (212) 851-7000. You may need to have the provider complete some of the form. When the form is complete, submit it with the original itemized bill or receipt and any other required information. Be sure to keep copies of the documents you send. Please mail the itemized bill (and receipt, if you paid the bill) to:

Empire BlueCross BlueShield
P.O. Box 1407
Church Street Station
New York, NY 10008-1407

If a Claim is Denied

If all or part of a claim is denied, you will be notified in writing. You have the right to appeal the denial. For information about your rights and the procedure for appealing a denied claim, please refer to the Summary Plan Description.

Medicare – What It Is and How It Works

Medicare is the federal health program for people over age 65, and including some disabled people under age 65. Traditional Medicare has two parts: Part A covers hospital services, and Part B covers physician services and many outpatient services. In 2006, Medicare Part D was added to provide a prescription drug benefit.

If you are age 65 or older, your retiree medical coverage continues. However, Medicare is your primary coverage and pays benefits first. Please see the Summary Plan Description for more information about coordination of benefits and other features relating to Medicare-eligible participants.

Traditional Medicare

Traditional Medicare consists of Parts A and B. You automatically have coverage under Part A when you reach age 65. If you want Part B coverage, you must enroll for it and pay the premium.

Medicare Part D – Prescription Drug Coverage

Prescription drug coverage under Part D is available to anyone who is eligible for Medicare. Part D coverage is provided by private insurance companies that contract with the federal government. If you want this coverage, you must actively enroll with the plan of your choice and pay a monthly premium.

The prescription drug coverage under the University's Retiree Medical Plan is equal to or better than the standard Medicare Part D plan. It is what is referred to as "creditable coverage." This means that you do not need to enroll in Part D as long as you are covered by the University's plan. Empire BlueCross BlueShield will send you a notice of creditable coverage. Keep that notice with your records.

RETIREE LIFE INSURANCE

Introduction

In addition to helping you plan for a financially secure retirement, Columbia University helps you protect your family's financial security after you retire. The Retiree Life Insurance Plan for Columbia University provides you with a set amount of life insurance after you retire. The amount of your coverage depends on when you retired, as explained below. The coverage is provided through The Standard Life Insurance Company (The Standard).

This document summarizes the key features and terms of the Plan's benefits as they exist today. It is not intended as a substitute for the Plan document. If there is any ambiguity or discrepancy between the terms of the Plan and this summary, the terms of the Plan document will control and be final.

For more information or claims assistance, contact or call:

The Standard Life Insurance Company
(888) 221-2987
Policy Number 645510
www.standard.com

Eligibility

You are eligible for this coverage if you retired under the Columbia University Retirement Plan for members of the Supporting Staff Association at the College of Physicians and Surgeons ("SSA") after attaining age 55 and completing at least 10 years of service after the age of 45 prior to your retirement.

Cost of Coverage

This coverage is available to you at no cost.

The University reserves the right to amend or revise the basis for determining contributions, which may result in your paying part or all of the cost of this coverage in the future.

How Your Retiree Life Insurance Coverage Works

The Plan pays a lump sum benefit to your beneficiary when you die. The benefit will equal the amount of your coverage, which depends on when you retired, as shown below.

If You Retired	Your Retiree Life Coverage Is
On or after October 1, 1996	$5,000
On or after October 1, 1990	$2,000
Before October 1, 1990	$1,000

Your Beneficiary

Your beneficiary is the person you name to receive the life insurance benefit after your death. Be sure to keep your beneficiary designation up to date. Please contact The Standard to update your beneficiary information.

Claiming Your Life Insurance Benefit

Your designated beneficiary will receive a lump sum payment of the Retiree Life Insurance benefit after your death. He or she can contact The Standard for a form and assistance, citing the policy number noted above.

If all or part of a claim is denied, you will be notified in writing. You have the right to appeal the denial. For information about your rights and the procedure for appealing a denied claim, please refer to the Summary Plan Description.

STATEMENT OF ERISA RIGHTS AND PLAN INFORMATION

Statement of ERISA Rights

As a participant in the Columbia University Retirement Plan and the Columbia University Retiree Medical and Life Insurance Benefits Plan, you are entitled to certain rights and protections under ERISA, which provides that all Plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration.

- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.

- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

- Obtain a statement telling you whether you have a right to receive a pension at your normal retirement date (in most cases, age 65) and if so, what your benefits would be at your normal retirement date if you stop working under the Plan now. If you do not have a right to a pension, the statement will tell you how many more years you have to work to get a right to a pension. This statement must be requested in writing and is not required to be given more than once every twelve (12) months. The Plan must provide the statement free of charge.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including the University, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a pension benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a pension benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits, which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about the Plan, you should contact the Columbia University HR Benefits Office. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from your Employer, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Amendment and Termination of Plan

The University intends that the Plan be permanent, but reserves the right to amend, suspend, or terminate the Plan, in whole or in part, at any time under any circumstance it deems advisable (including, but not limited to, the need to address legal changes or cost or plan design considerations). However, no amendment may have the effect of reducing the accrued benefits or protected benefit (as defined under Section 411(d)(6) of the Internal Revenue Code) of any Participant, former Participant, or beneficiary.

If the Plan is terminated, in whole or in part, all affected Participants will be fully vested in their benefits under the Plan regardless of their years of Vesting Service.

Plan Information

Plan Sponsor	Columbia University 615 West 131st Street, MC 8703 Studebaker Floor 4 New York, NY 10027 (212) 851-7000
Employer ID Number	13-5598093
Plan Number	Columbia University Retirement Plan: 002 Columbia University Retiree Medical and Life Insurance Benefits Plan: 517 When requesting additional information about the Plan from the Department of Labor, refer to the plan number.
Plan Administrator	Columbia University Human Resources Office of the Vice President 615 West 131st Street, MC 8705 Studebaker Floor 4 New York, NY 10027 (212) 851-7000
Agent for the Service of Legal Process	Columbia University Office of the General Counsel 412 Low Memorial Library, MC 4308 535 West 116th Street New York, NY 10027 (212) 870-2286 Service of process may also be made on the Plan Trustees.
Plan Year	Columbia University Retirement Plan: July 1 through June 30 (Since 1999) Columbia University Retiree Medical and Life Insurance Benefits Plan: July 1 through June 30
Plan coverage under Pension Benefit Guaranty Corporation	Plan benefits based on employment after January 1, 1976 are not insured by the Pension Benefit Guaranty Corporation if the Plan terminates because they are provided through the defined contribution portion of the Plan.

Contact Information

Retirement Plan

Carrier & Plan	Phone	Website
Calvert	(800) 368-2745	www.calvert.com/investor-workplace-columbia.html
TIAA-CREF	(800) 842-2776	www.tiaa-cref.org
The Vanguard Group	(800) 523-1188	www.vanguard.com

Retiree Medical Plan

Carrier and Plan	Phone	Website
Empire BlueCross BlueShield	(800) 435-1385	www.empireblue.com

Retiree Life Insurance Plan

Carrier and Plan	Phone	Website
The Standard Life Insurance Company	(888) 221-2987	www.standard.com

Columbia University HR Benefits

For all Benefits-related questions, contact:

Columbia University HR Benefits Service Center
615 West 131st Street, MC 8703
Studebaker Floor 4
New York, NY 10027
Phone: (212) 851-7000
Secure fax: (212) 851-7025
Email: hrbenefits@columbia.edu

For updates, forms, tuition exemption and information about other HR programs:

www.hr.columbia.edu