



BENEFITS IN BRIEF

2007

NON-UNION SUPPORT STAFF,
LOCAL 2110, SSA & TWU

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Benefits in Brief highlights your benefits for calendar year 2007. Full details regarding coverage, eligibility, and limitations can be found in the official Plan documents. If there are any discrepancies between the information in this publication and the Plan documents, the Plan documents will always govern. Columbia University reserves the right to change or terminate these plans at any time.

This document is intended to be a Summary of Material Modifications (SMM) to the Life Insurance Plans and other benefit programs. It explains the changes being made to these benefit plans effective January 1, 2007. It is important information, so keep it with your other benefits information.

This Benefits in Brief brochure provides information about the benefit programs that are available to Columbia University non-union support staff and members of Local 2110, SSA and TWU. Your benefits provide valuable protection for you and your family, so take the time to learn more about them.

This year we have made some changes to Benefits in Brief and created separate communications for a few of the Columbia University benefit programs.

Tuition Programs – Information about tuition is available online at www.hr.columbia.edu/hr/benefits/page-section.html.

Leaves of Absence – Policy information about leaves of absences is located online at www.hr.columbia.edu/hr/policies.

Facilities & Services – To learn more about what's available to you, go to Working at Columbia at: www.hr.columbia.edu/hr/wacguide/. You can learn more about University procedures, housing and library privileges, fitness centers, entertainment and more.

Keep this Benefits in Brief brochure for reference throughout the year. You can also find valuable information, including FAQs, at www.hr.columbia.edu.

The information in this publication applies to non-union support staff and members of Local 2110, SSA and TWU. Members of other unions should consult the appropriate Benefits in Brief or their bargaining agreements.

Columbia University reserves the right to change or terminate these plans at any time (in accordance with the National Labor Relations Act). This publication is in no way intended to imply a contract of employment.

WHO'S ELIGIBLE FOR BENEFITS

The University's benefits allow you to create a program suited to your needs and those of your family. The benefits of eligible full-time and part-time non-union support staff and members of Local 2110, SSA and TWU are effective the first day of the month following the completion of the applicable waiting period.

Eligible Dependents

You can cover your eligible dependents under the University's medical and dental plans. Your eligible dependents include:

- Legal spouse
- Same-sex domestic partner
- Unmarried dependent children, including adopted children, foster children and stepchildren of your spouse or same-sex domestic partner. For medical and dental coverage, dependent children are eligible:
 - until the end of the calendar year in which they turn 19
 - over the age of 19 as long as they remain full-time students – coverage ends at the end of the month in which they cease to be a full-time student (i.e. graduate) or the end of the calendar year in which they turn age 26, whichever is earlier. Please note: GHI Dental does not cover children over age 19.
 - at any age if they have a physical or mental disability, provided that when they were diagnosed, they were covered dependents and it was prior to the end of the calendar year in which they turned 19.

Coverage for your dependents takes effect at the same time as your coverage, at date of birth, or the first of the month following enrollment (as applicable).

Proof of Eligibility

Columbia University has a responsibility to ensure that only eligible expenses are paid from the benefits Plan. This requirement is consistent with IRS regulations that govern the operation of a qualified benefits plan.

You must be prepared to provide satisfactory proof that your enrolled dependents meet the eligibility requirements. Random audits will be conducted periodically each year to ensure that all dependents continue to meet the eligibility requirements of the benefit plans. If you are selected for this audit, you will receive a separate letter detailing the time frames and specifics of the audit process. If you are not able to provide proof that your dependent is eligible for coverage your dependent's coverage will be terminated. Examples of proof include, but are not limited, to birth certificates for each covered child, a marriage license or two pieces of documentation that show shared financial responsibilities for same-sex domestic partners.

Report Changes in Dependent Eligibility

When a dependent is no longer eligible, it is your responsibility to notify the Columbia HR Benefits department **within 31 days of the change** (examples include, but are not limited to divorce decree, child no longer a student, etc.). **Contact your local Columbia University Human Resource office to report any changes in the status of your dependents within 31 days.**

Enrollment Deadline

For benefits that are not automatic, you must enroll within 31 days of your eligibility date. If you do not enroll by the deadline, you will not be able to enroll in your benefits until the next Open Enrollment period in fall 2008 (to take effect January 1, 2009), unless you have a qualified life status change.

Waiting Periods For Benefits Coverage								
	Non-Union Support Staff		Local 2110		SSA		TWU	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Medical Coverage								
• POS (CIGNA, Oxford)	3 months*	3 months	3 months*	3 months	3 months*	3 months	3 months*	3 months
• Cash credit for waiving medical coverage	3 months	Not eligible	3 months	Not eligible	3 months	Not eligible	3 months	Not eligible
Dental Coverage*	2 months	Not eligible	12 months	Not eligible	12 months	Not eligible	4 months	Not eligible
Vision Coverage**	3 months*	3 months	3 months*	3 months	3 months*	3 months	3 months*	3 months
Basic Term Life Insurance	6 months	6 months	6 months	6 months	6 months	6 months	6 months	6 months
Flexible Spending Account (FSA)	Hire date	Not eligible	Hire date	Not eligible	Hire date	Not eligible	Hire date	Not eligible
University Funded Retirement Plan	Hire date							
Tax-Deferred Annuity	Hire date							
Transit/Parking Reimbursement Program	Hire date							

* Upon reaching eligibility, you are automatically enrolled for this coverage (CIGNA for medical and vision). To enroll dependents, you must complete a Benefits Enrollment form within 31 days of your eligibility date.

** Vision coverage is provided through CIGNA or Oxford to those who enroll in CIGNA or Oxford POS medical plans respectively.

Please note: Part-time employees must work 20 hours per week to be eligible for benefits.

Life Status Change

You may make certain changes to your benefits only within 31 days of a life status change. A life status change is a difference in your job or family status that the IRS defines as justifying a change in your medical, dental, FSA, T/PRP, and life insurance elections during the plan year (January 1 – December 31). Qualified changes in job or family status include:

- marriage, divorce, legal separation, annulment, or the beginning or end of a same-sex domestic partnership
- a change in the number of dependents either through birth, death, adoption, or placement for adoption
- your spouse's, same-sex domestic partner's, or dependent's employment or termination of employment
- a change in your or your spouse's or same-sex domestic partner's or your dependent's employment status, including a switch from full-time to part-time status or vice-versa, a strike or lockout, or the beginning or end of an unpaid leave of absence
- a significant change in your or your spouse's or same-sex domestic partner's medical coverage under your spouse's or same-sex domestic partner's employer's plan
- your spouse or same-sex domestic partner or dependent satisfying or failing to satisfy a health plan's coverage requirements due to age, student status, or similar circumstances
- a change in your, your spouse's, same-sex domestic partner's, or dependent's residence or work site
- a permanent change in the way you commute to work (T/PRP only).

You are required to submit proof of a life status change to your local Human Resources office. Please note: Even with a qualified life status change, you may only make changes to your benefit elections that are consistent with that change.

MEDICAL COVERAGE

You can select your medical coverage from two plans. Each of the plans offer comprehensive care—including coverage for emergency care, hospitalization, surgery, office visits, prescription drugs, and mental health and substance abuse treatment. The plans differ in:

- the network of providers and hospitals available to you;
- how much you pay for your insurance and care.

The chart on pages 10 and 11 identifies the plans available to you and highlights the benefits provided under each plan.

Selecting Your Coverage Level

You may enroll for medical coverage at one of the following coverage levels:

- yourself only
- yourself and spouse or yourself and same-sex domestic partner
- yourself and a child or children
- family (including your unmarried dependent children, your legal spouse/same-sex domestic partner, and your spouse's or same-sex domestic partner's unmarried dependent children).

Your Medical Plan Options

Waiving Coverage

If you are full-time and decide to waive coverage, you'll receive a \$50 monthly credit in your salary. Proof of other coverage (including your name and the effective dates) must be provided to your local Human Resources office.

How Point-of-Service (POS) Plans Work

Point-of-Service (POS) plans let you choose between providers, hospitals, and facilities in the plan (in-network) or providers that are not part of the plan (out of network). To receive in-network benefits, you must choose a Primary Care Physician (PCP) who is responsible for coordinating your care. When you use in-network providers, you'll pay a fixed fee (copay), and there are no claim forms to file. If you use out of network providers and facilities, you'll need to file a claim form and meet a yearly deductible. You may also need to precertify care with the plan. After meeting your deductible, the plan pays a percentage of your covered reasonable and customary medical expenses, up to an out-of-pocket maximum, after which the plan pays 100 percent of covered reasonable and customary medical expenses.

Selecting a Provider

If you elect a POS plan, you must select a PCP in order to receive in-network benefits. You can access provider listings for all plans through the "Benefits" link on the Columbia Human Resources web site, www.hr.columbia.edu/hr/.

POS Networks

Oxford

Oxford POS offers in-network services in the tri-state area only. Routine or preventive services received outside of the covered service area are treated as out of network.

CIGNA

CIGNA's network (as listed on their web site) consists of providers in the tri-state area.

Columbia Presbyterian Physician Network (CPPN)

CPPN is a network of providers at the Columbia Presbyterian Medical Center available only to Columbia employees. CPPN providers are available under both CIGNA POS and Oxford POS.

CIGNA POS	Oxford POS
1-800-CIGNA24 www.cigna.com/healthcare	1-800-760-4566 www.oxhp.com

Networks in Other States

There are limited networks available through CIGNA POS for individuals who live/work outside of the tri-state area. Currently these include networks in Pennsylvania (Philadelphia), Arizona and Massachusetts.

“Guesting” Services

For dependent children who attend schools or universities outside of the tri-state area, CIGNA offers the ability, when a network is available, to be treated “in-network” for services in those areas only. (Tri-state services received would then be considered out of network.) Please contact CIGNA directly to discuss “guesting” services.

Your Health Coverage While Traveling Internationally for Short Periods of Time

While traveling internationally, you continue to be covered by your medical plan for emergency care services, but you will be unable to use your medical cards to pay for these expenses. You must pay the expenses out-of-pocket and submit claim forms to your carrier for currency conversion (if applicable) and reimbursement to you. Medical plans cannot make payments to foreign providers.

Plan Contact Numbers for International Travelers

Carriers' normal toll-free numbers are not accessible internationally. Should you or a medical provider need to contact your health plan to authorize or coordinate care, please contact your local HR office for a direct-dial number for your health insurance carrier.

Emergency Services vs. Emergency Medical Expenses While Traveling Internationally

Should you travel on University business and need to be evacuated or transported to a medical facility, these services are provided through Business Travel Accident Insurance. All expenses for medical services outside of the United States should be submitted to your medical plan carrier, as described on this page.

University Contributions to the Flexible Spending Accounts (FSA)

If you are enrolled in either of the POS medical plans, the University will make a contribution to the Healthcare FSA in your name. This contribution can help you offset your out-of-pocket expenses. The amount of the University contribution depends on the level of coverage you choose as detailed below.

Remember, you can also set aside your own money in this account as long as your and the University's contributions do not exceed \$3,000.

Annual Flexible Spending Account Contribution for 2007	
Individual employee	\$120
Employee and spouse or same-sex domestic partner	\$240
Employee and child or children	\$240
Family	\$360

Vision

All employees who participate in the Oxford or CIGNA POS plans are also covered by a vision benefit rider. Dependents who are covered by the POS plan are also covered by this rider as of their effective date.

Reimbursement once every 24 months for:		
Vision Expense	Oxford*	CIGNA** (VSP Network)
Vision Exam	\$50/12 months	\$10 copay
Lenses		
Single	\$70	\$20
Bifocal	\$70	\$30
Trifocal	\$70	\$40
Lenticular	\$70	\$75
Contact Lenses		
Cosmetic	\$70	Not covered
Medically Necessary	\$70	\$75
Frames	\$70	\$30

* Oxford provides a total cumulative benefit for all hardware (lenses, contacts, frames) of \$70 every 24 months.

** Benefits for hardware under the CIGNA Plan are per item.

MEDICAL PREMIUMS

Your pre-tax premium for medical coverage is based on two factors:

1. The plan you select
2. The level of coverage you select

2007 Monthly Pre-Tax Premiums for Medical Coverage				
Health Plan	Yourself Only	Yourself & Spouse or Same-Sex Domestic Partner	Yourself & Child or Children	Family
Full Time				
CIGNA POS Plan	\$0.00	\$0.00	\$0.00	\$0.00
Oxford POS Plan	\$25.00	\$50.00	\$50.00	\$75.00
Part Time*				
CIGNA POS Plan	\$161.24	\$338.60	\$306.35	\$483.72
Oxford POS Plan	\$167.09	\$350.89	\$317.47	\$501.27

* To be eligible, part-time employees must work at least 20 hours per week.

Deductibles and Out-of-pocket Limits for Out of Network Services				
Deductibles for POS Plans			Out-of-pocket Limits for POS (Includes Deductible)	
Annual Benefits Salary	Annual Deductible		Annual Limit	
	Individual	Family	Individual	Family
Less than \$30,000	\$250	\$750	\$1,000	\$2,000
\$30,000-39,999	\$300	\$900	\$1,200	\$1,400
\$40,000-59,999	\$475	\$1,425	\$1,900	\$3,800
\$60,000-74,999	\$675	\$2,025	\$2,700	\$5,400
\$75,000 or more	\$750	\$2,250	\$3,000	\$6,000

MEDICAL COMPARISON CHART

Provider Services	CIGNA POS		Oxford POS	
	In-network	Out-of-network	In-network	Out-of-network
Preventive Care	100% no copay	Not covered	100% no copay	Not covered
Office visit for illness or injury	\$10 copay	80% after deductible	\$10 copay	80% after deductible
Hospital Services				
Inpatient Care	\$150 copay per admission	80% after deductible*	\$50 daily copay, up to \$250 per admission	80% after deductible**
Emergency Room	\$50 copay (waived if admitted)**	\$50 copay (waived if admitted)**	\$50 copay (waived if admitted)**	\$50 copay (waived if admitted)**
Outpatient (non-surgical)	100%	80% after deductible*	100%	80% after deductible*
Outpatient Surgery	100%	80% after deductible*	100%	80% after deductible*
Behavioral Health				
Inpatient Mental Health	\$150 copay per admission* Combined annual limit: 60 days	80% after deductible* Combined annual limit: 60 days	\$50 daily copay*, up to \$250 per admission Combined annual limit: 60 days	80% after deductible* Combined annual limit: 60 days
Outpatient Mental Health	First 10 visits: \$10 copay* Next 50 visits: \$25 copay* Annual maximum: 60 visits Group: \$10 copay; no limit	50% after deductible Annual maximum: 20 visits for individual & group	First 10 visits: \$10 copay* Next 50 visits: \$25 copay* Annual maximum: 60 visits	Not covered
Inpatient Substance Abuse	Same as inpatient mental health*		Same as inpatient mental health*	
Outpatient Substance Abuse	Same as inpatient mental health*	Same as inpatient mental health	Same as inpatient mental health*	Not covered
Durable Medical Equipment				
Durable Medical Equipment	Covered		Covered	
Child Dental (for children under 12)				
Prophylaxis	Not covered		100% no copay; limit one per year	Not covered
Infertility Treatment				
ART, IVF, GIFT, ZIFT	Annual benefit limit: \$5,000		Annual benefit limit: \$5,000	
Out-of-pocket Expenses				
Deductible	None	Salary based	None	Salary based
Coinsurance (% paid by plan)	100% after copay	80%	100% after copay	80%
Out-of-pocket Limit	Not applicable	Salary-based	Not applicable	Salary-based

* Precertification required.

** The health plan must be notified within 48 hours.

PRESCRIPTION DRUG COVERAGE

Columbia University offers a comprehensive prescription drug program with features that provide convenience and savings. When you enroll in a University medical plan, you are automatically enrolled in the Prescription Drug plan.

Prescription Drug Benefit	
Copayments	
retail pharmacy (up to 30-day supply)	\$5 generic; \$15 brand name
home delivery (up to 90-day supply)	\$10 generic; \$30 brand name
Infertility Coverage	
oral and injectible medication	Same as above, up to \$15,000 lifetime cap

Using Your Prescription Drug Benefit

Medco provides the prescription drug benefit plan and you will receive a prescription drug ID card for 2007 when you choose a University medical plan. You will need to present your Medco prescription drug ID card the first time you fill a prescription at a participating pharmacy. You will pay the appropriate copay for up to a 30 day supply. Remember, you can save money by asking your doctor to prescribe generic drugs.

Retail Pharmacies

Medco has over 59,000 participating pharmacies so filling prescriptions is easy and convenient. When you use a participating pharmacy, you'll save money and reimbursement is processed electronically.

Mail-Order Pharmacy

You also have the option of filling prescriptions via mail-order for your maintenance medication. If you take medication on a regular basis for conditions such as high blood pressure, asthma, etc, the mail-order program is an affordable and convenient way to fill and refill prescriptions.

Once you have enrolled in Medco's mail-order program, you can refill prescriptions easily either on-line or over the phone. Go to www.medcohealth.com and register to learn more information on prescription drugs, pharmacies, etc.

DENTAL COVERAGE

The dental plan covers a range of dental benefits for you and your covered dependents.

All Support Staff

After the waiting period, you are enrolled in the GHI Dental Plan automatically, at no cost to you. Note: If you have dependents, you must positively enroll them within 31 days of your eligibility; otherwise, you will be automatically enrolled at the “employee only” level.

GHI Dental

The GHI Dental Plan covers preventive and diagnostic, basic, and prosthetic services. You may choose to use participating GHI dentists or go to a non-participating dentist.

SSA members are covered under the Spectrum network and all other support staff are covered under the Preferred network.

When you receive care, you pay the provider up front, and then file a claim for reimbursement. You’ll be reimbursed up to the allowance shown on the GHI Dental fee schedule for covered services, which is available from your local Human Resources office.

For a listing of GHI dentists, go to: www.ghi.com/Prov_search/ and select Dentists from the menu. Click the link to Dentist Directories and enter your location. Choose Dental from the first drop-down menu. Choose Your Network and select Dental Preferred or Dental Spectrum under the Select Provider Network pull-down menu. For more information, call GHI at **212-501-GHID (4443)**.

If you use a non-participating dentist, you may have to pay the difference between the total cost and the amount the plan pays.

Additional Options for Local 2110, TWU and Non-union Support Staff Only

The plans offer services provided by a network of faculty and alumni from the Columbia University School of Dental and Oral Surgery. Note: There is a cost for participating in either plan.

2007 Monthly Pre-Tax Dental Premiums		
	Columbia Dental Plan	Columbia Dental Plan Plus
Yourself	\$15	\$43
You plus one	\$30	\$79
Family	\$33	\$109

Columbia Dental Plan

You must receive care from a dentist listed in the provider directory or a designated facility. Under this plan, you receive:

- One free preventive care visit per year for each individual covered
- Free fluoride treatment for children age 12 and under
- 25 percent off the discounted fees for all other services.

Columbia Dental Plan Plus

You must receive care at a designated facility or from a designated dentist. When you do, preventive and restorative procedures are covered at 100 percent, with all other procedures covered at 50 percent, up to a \$1,250 annual maximum benefit per person, which includes all services received. After the annual maximum is reached, you will receive 25 percent off discounted fees for all additional covered services. There is a lifetime maximum of \$1,250 per person for orthodontia. If you receive care from a Columbia network dentist other than a Plus dentist, you receive the benefits offered in the Columbia Dental Plan.

Designated Dental Plan Facilities

Columbia Dental Associates Morningside Associates

1244 Amsterdam Avenue (near 121st Street)
New York, NY 10027
(212) 961-1266

Columbia Dental North

128 Fort Washington Avenue, Suite 1J (near 165th Street)
New York, NY 10032
(212) 928-1000

Columbia-Presbyterian Eastside Dental Faculty Practice

16 East 60th Street
New York, NY 10021
(212) 326-8520

Columbia Dental

630 West 168th Street
New York, NY 10032
(212) 305-8618

For a list of participating dentists and facilities, call **212-305-0763** to request a directory, or go to: www.columbiadentalplan.com/cdp_search.html.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts (FSAs), formerly known as University Spending Accounts (USAs), allow you to save money on a wide variety of healthcare and dependent care expenses. During Open Enrollment or when you are hired, you can elect to contribute to these accounts.

Columbia University offers two types of Flexible Spending Accounts (FSAs):

Healthcare FSA for eligible healthcare expenses such as medical and dental deductibles and copayments, vision or hearing services, and many over-the-counter healthcare products.

Dependent Care FSA for eligible child or dependent care expenses such as a babysitter, licensed day care centers and nursery schools, and before-school or after-school programs.

How the Flexible Spending Accounts Work

FSAs allow you to set aside pre-tax money to reimburse yourself for eligible expenses. Since your FSA contributions reduce your gross taxable income, **you pay lower taxes and take home more money.**

To participate in an FSA, you elect to deposit a set amount of money in the account during the year. You can deposit between \$120 and \$3,000 in the Healthcare FSA and between \$120 and \$5,000 in the Dependent Care FSA. You cannot change your deposit amount during the calendar year unless you have a qualifying life status change.

When you have eligible healthcare and/or dependent care expenses, you submit claims to receive money from your FSA to repay yourself. You will not owe taxes on the money you take from your account.

Keep in Mind

The IRS has rules for using the money you put in FSAs because of the tax advantages they offer:

- You can use the money you deposit during one calendar year only, for expenses you incur during that calendar year. You incur an expense when you receive the service, not when you pay for it.
- You cannot transfer money from the Healthcare FSA to the Dependent Care FSA and vice-versa.
- You cannot carry over unclaimed account balances from one year to the next.

If you do not submit a claim for reimbursement by March 31 of 2008 for expenses incurred in 2007, you forfeit any money left in your account.

Healthcare Flexible Spending Account

You can set aside money in this account to cover expenses for yourself and your spouse and children even if you elected not to cover them under the Columbia medical plans. Note: same-sex domestic partners and their children are not eligible for this plan due to IRS rules.

How Much to Deposit

When planning how much to deposit in your Healthcare FSA, review the out-of-pocket expenses for medical, dental, vision, and prescription drugs that you had this year. You can use that as a guide when estimating your 2007 expenses. Also remember to include your costs for over-the-counter medications.

Eligible Healthcare Expenses

You can use your Healthcare FSA for many of your healthcare expenses, such as:

- Medical and dental plan deductibles
- Contact lenses and solutions
- Acupuncture and chiropractor visits
- Copayments for prescription drugs, office visits, hospital stays and other medical services
- Weight-loss programs to treat obesity
- Prescription eyeglasses, sunglasses and Lasik surgery
- Over-the-counter drugs for a medical condition
- Medical and dental expenses that exceed benefit plan limits

For more complete information on eligible expenses go to: www.irs.gov/publications/p502/index.html.

Keep in Mind

If your medical expenses exceed 7.5% of your adjusted gross income and you itemize deductions, you may be better off deducting your expenses from your income tax rather than using the Healthcare FSA. You may want to consult with a tax or financial professional to determine which works best for you.

Getting reimbursed is easy, submit your expenses with a completed claim form for at least \$25. Go to www.hr.columbia.edu/hr/ for forms.

Healthcare Spending Account Worksheet

Estimate your out-of-pocket costs for healthcare for 2007

Consider how much you spent out-of-pocket for healthcare expenses in 2006. Determine which medical option you'll choose for 2007 and the out-of-pocket expenses you may incur such as deductibles, copays, orthodontia, etc. The worksheet can help you plan your deposit for the Healthcare FSA.

Expected Medical Expenses

Deductibles

Copayments/co-insurance

Prescription drug copays

Over-the-counter drugs including allergy medicine, pain killers, antacids, etc.

Total Medical \$ _____

Expected Dental Expenses

Payments above the discounted rates

Payments above the dental annual maximums

Orthodontia

Total Dental \$ _____

Vision

Exams

Eyeglasses

Prescription eyeglasses

Contact lenses

Saline solution

Total Vision \$ _____

Hearing Expenses

Exams

Hearing Aids

Total Hearing \$ _____

Total expected healthcare expenses for 2007 \$ _____

Use this total to help determine your contribution for the 2007 Healthcare FSA. You can contribute from \$120 - \$3,000 per year in the account.

Dependent Care Flexible Spending Account

The Dependent Care FSA helps you pay the cost of dependent care services for an adult or child because you work or attend school full time. If you are married, your spouse must also work or go to school while you are at work. You can be reimbursed for the cost of services provided for:

- Dependent children under age 13
- Other dependents including a parent, spouse or spouse's child who is physically or mentally unable to care for him or herself.

Federal regulations do not allow you to use money from this account for expenses incurred by or on behalf of same-sex domestic partners and their children unless they are your legal tax dependents.

How Much You Can Deposit

You can deposit between \$120 and \$5,000 a year. However, if you are married, the IRS has several guidelines that might affect how much you can deposit. For example, if your spouse also has a dependent care FSA at work and you file a joint tax return, your combined deposits cannot exceed \$5,000. If you are married and file separate income tax returns, the most you can contribute is \$2,500. Columbia University does not monitor these limits. If you and your spouse both elect and receive more than \$2,500, you will pay income taxes on the excess amount when you file your tax return.

Covered dependent care providers include:

- Qualified child or adult day care centers
- Licensed nursery schools, pre-schools, before-school and after-school programs
- Summer day camps
- Person who cares for an elderly or disabled person that you claim as a dependent on your tax return
- Babysitters

You must be able to identify the name, address, and Social Security number of the person who provides the dependent care. If you use a child or adult day care center, you simply provide the Taxpayer Identification Number. For more complete information on eligible expenses go to:

www.irs.gov/publications/p503/index.html.

Dependent Care Account Worksheet

Estimate your out-of-pocket costs for dependent care expenses for 2007

Consider how much you spent out-of-pocket for dependent care in 2006. This worksheet can help you plan your deposit for the Dependent Care FSA. You can deposit between \$120 and \$5,000 a year.

Eligible expenses:

Day care provider for child or adult day care	\$ _____
Home care of your child or other dependent	\$ _____
Pre-school tuition up to kindergarten	\$ _____
Summer day camps	\$ _____
Person who cares for an elderly or disabled person that you claim as a dependent on your tax return	\$ _____
Total expected dependent care expenses for 2007	Total \$ _____

Keep in Mind

- **You can use this FSA for dependent care expenses only.** Do not deposit money in this account for your dependents' healthcare expenses.
- **You may use the Dependent Care FSA, the federal tax credit, or a combination of both** for your eligible expenses. Your choice will depend on your family income and the number of dependents you have in eligible day care programs. Generally, if your family's adjusted gross income exceeds \$40,000, you may save more in taxes using the Dependent Care FSA. You can also go to the www.irs.gov/taxtopics/tc602.html or consult your tax or financial advisor.
- **Your reimbursement for dependent care will not exceed** the balance of your account at the time of your claim. If there isn't enough money in your account to pay your claim, the balance will be paid as the money accumulates in your account.
- **If your child will turn 13 during the coming year,** you can submit claims only for expenses incurred up to the child's birthday.

LIFE INSURANCE

The University provides you with a no-cost basic level of term life insurance coverage. You can also purchase additional life insurance at group rates based on your age. The Standard will be the new life insurance company for life insurance benefits.

Group Term Life Insurance

Financial security for your loved ones when you die is an important consideration. As you think about life insurance alternatives, you may want to consider enrolling in group term life insurance through the University. You may enroll when you are first eligible or during the annual open enrollment period.

If you choose to purchase additional life insurance through the University, the cost of coverage is conveniently deducted from your pay on an after-tax basis. In the event of your death, your beneficiary or beneficiaries receive a lump sum payment equal to the amount of your coverage.

However, should you be diagnosed with a terminal illness, you may apply for an accelerated benefit. Any amount paid under this provision would reduce the benefit paid to your beneficiary or beneficiaries at the time of your death. For additional information about this feature, please contact your local HR office.

Coverage Levels and Costs

Basic Life

After six months, you automatically receive coverage in the amount of one times your annual base salary (as calculated on July 1 of the prior year and rounded up to a multiple of \$1,000), up to \$50,000. Basic coverage is provided by the University at no cost to you.

Optional Life

You may also purchase additional coverage, from one to five times your annual base salary (as calculated on July 1 each year and rounded up to a multiple of \$1,000). There is a \$1,000,000 maximum for total life insurance coverage.

For additional coverage, you pay a monthly group rate premium per \$1,000 of coverage based on your current age, as shown in the chart. Although your coverage level is determined on July 1 each year, if you reach a significant birthday during the year (e.g., 25, 30, 35), you move to a new contribution level. Your premiums increase on the paycheck following your birthday.

Cost of Coverage			
Age at paycheck	Monthly cost per \$1,000	Age at paycheck	Monthly cost per \$1,000
Less than 25	0.03	50 to 54	0.14
25 to 29	0.04	55 to 59	0.24
30 to 34	0.05	60 to 64	0.51
35 to 39	0.06	65 to 69	0.64
40 to 44	0.07	70 to 74	0.86
45 to 49	0.09	75 or older	1.10

Example

An employee, age 41, with an annual base salary of \$40,000, elects additional life insurance of three times annual salary (\$120,000). The monthly premium cost is calculated as follows:

\$120.00	(amount of life insurance divided by 1,000)
x 0.07	(from rate table, age 41)
\$8.40	Total monthly cost

Waiver of Premium

In the event that you become disabled, you may apply for a “waiver of premium,” which means that your life insurance continues at no cost to you provided that you meet the plan’s definition of long-term disability and became disabled before age 60. For additional information, please contact your local HR office.

Evidence of Insurability

If you are a new hire and select a coverage level in excess of three times your salary or in excess of \$500,000 (including both Columbia’s basic life coverage and your own additional optional life coverage), you will need to complete an Evidence of Insurability form and be approved by the insurance company. If you wish to increase the level of your coverage during open enrollment, you will need to complete an Evidence of Insurability form and be approved by the insurance company.

Your current level of coverage will remain in effect, and your new coverage level will become effective only after we have received approval from the insurance company.

TWU Accidental Death and Dismemberment Insurance

Members of TWU also receive Accidental Death and Dismemberment Insurance equal to one times their base salary (as calculated on July 1 each year and rounded up to the nearest \$1,000), up to \$50,000. This coverage is provided at no cost to you.

TRANSIT/PARKING REIMBURSEMENT PROGRAM (T/PRP)

The Transit and Parking Reimbursement Programs are convenient ways to pay for commuting expenses using pre-tax dollars. Remember, each year during Open Enrollment you must make your election for T/PRP. If you are new, your election goes into effect the month following your enrollment. Your election must be made within 31 days of your hire date.

The Transit Limit is \$105 for 2007.

The Parking Limit is \$200 for 2007.

How the Program Works

The Transit/Parking Reimbursement Program (T/PRP) allow you to set aside pre-tax dollars to pay for eligible commuting expenses. The program has two accounts: a transit account and a parking account. You can deposit pre-tax dollars to one or both accounts to pay for certain eligible transit and parking expenses.

To participate in one or both T/PRP accounts, you elect to deposit a set amount in your account each month during the year. You cannot change your deposit amount unless you:

- change your work location or residence
- change the way you commute

As you incur eligible expenses during the year, money is taken from your account by the Transit Program's debit card or you can file claims for reimbursement. You have until March 31 of each calendar year to claim money you deposited during the previous year. So, for example, you have until March 31, 2007, to claim your 2006 deposits.

If you commute and park in a University-owned lot or at Presbyterian Hospital, you are already paying for parking through a pre-tax deduction. Therefore, you should not sign up for a T/PRP parking account unless you also commute to a lot that the University does not own. In that case, your T/PRP deduction plus your monthly University parking bill cannot exceed the \$200 monthly parking limit.

Your Account Balances

Under IRS regulations, you must use the entire amount of each monthly deposit. The unused amount from one month will not be available to you in the next month. So, for example, if you take a vacation during August, the unused August balance does not get added to the amount you have available for September.

However, any unused balance left in a T/PRP account at the end of the year will roll over to the next year. The rollover takes place after the annual claim period ends (March 31 each year). For example, if your commuting expenses during 2007 are \$100 less than you budgeted for, the unclaimed \$100 will be credited to the appropriate T/PRP account on April 1, 2008.

Transit

Transit Account Contributions

You can elect a monthly deposit amount from \$10 to \$105. The amount will be deducted from your paycheck before taxes are taken out.

Eligible Transit Expenses

Under IRS regulations, you can use the money in your transit account for commuting expenses on any public transit commuter system, including:

- Amtrak®
- Long Island Railroad (LIRR)
- New Jersey Transit (NJT)
- Staten Island Rapid Transit (SIRT)
- Port Authority Trans-Hudson Corp. (PATH)
- Metro North Commuter Railroad (MNCRR)
- Commuter and suburban express bus services
- Certain ferry and registered vanpool services
- New York City Transit Authority (NYCTA) buses and subways

The following commuting expenses are *not* eligible under the T/PRP:

- Airfare
- Taxi and limo services
- Amounts that exceed the monthly limit
- Transit expenses of your family members
- Bridge, tunnel, and highway tolls, including E-Z Pass.

Parking

You can elect a monthly deposit amount from \$10 to \$200. The amount will be deducted from your paycheck before taxes are taken out.

Eligible Parking Expenses

Under IRS regulations, you can use the money in your parking account for the cost of parking at any:

- Commercial parking lot near your work location
- Location where you board mass transit, such as parking at a train station.

If you pay to park at locations where you board mass transit, you can participate in both transit and parking accounts, up to the maximum of each account.

The following parking expenses are not covered:

- Parking expenses of your family members
- Amounts exceeding the maximum allowable monthly limit
- Parking at or near your residence

Getting Reimbursed for the T/PRP

The MBI Debit Card

If you enroll for a transit account for 2007, you will receive an MBI Debit Card. This card allows you to pay for your transit expenses through any vendor that sells commuter tickets or Metro-cards and accepts Mastercard. The card automatically deducts the expense from your T/PRP account. For example, if you elect a \$76 monthly transit account, you will receive a debit card that allows you to charge \$76 worth of transit expenses each calendar month in 2007.

Paper Claims

To obtain a claim form for reimbursement, go to: www.hr.columbia.edu and go to the Forms Library. You can arrange to have your reimbursements deposited directly into the bank account of your choice. Contact EBPA to arrange for this service.

EBPA

P.O. Box 1140

Exeter, NH 03833-1140

1-800-258-7298

www.cbavt.com

BUSINESS TRAVEL ACCIDENT INSURANCE

The University automatically provides you with Business Travel Accident insurance at no cost when you travel on approved University business anywhere in the world. Columbia pays the full cost of this benefit.

What the Plan Pays

The principal business travel accident benefit equals six times your annual base salary. The maximum benefit is \$1,000,000.

The plan pays a benefit if you die or are seriously injured or disabled as the result of an accident while you are traveling on University business or on a University-sponsored trip. If you die, your beneficiary will receive the benefit. You will receive the benefit if you are injured or disabled.

The amount of the benefit depends on the nature of the loss:

- If you die – The full principal benefit amount
- If you are injured – Up to one-quarter of the principal sum, depending on extent of the injury
- If you are disabled – The principal sum less any other amount paid under the plan as a result of the same accident

Emergency Medical Services

The travel accident plan includes special services in case you need emergency medical care while traveling abroad on University business. This service helps you:

- Monitor the quality and cost of the hospital treatment
- Obtain local medical care
- Arrange the payment of non-insured medical expenses
- Guarantee payment to the provider
- Confirm travel medical expense insurance

The insurance company can also maintain contact between the local doctors and your doctors at home; arrange shipment of prescription drugs, equipment, and prescription lenses; provide your medical records to local providers; and maintain daily contact between you and your family, employer and doctors.

Additional Services for International Travelers

AIG, the insurance carrier for Business Travel Accident, has an International Services program. It provides additional assistance to those traveling on University business or a University-sponsored trip.

If You Travel Abroad

When you travel abroad, you continue to be covered by your medical plan for emergency care services. However, you cannot use your medical or prescription drug cards to pay for services outside of the United States. You will pay the expenses out-of-pocket and submit claim forms to your carrier for reimbursement.

If you are traveling on University business, certain support services will be available under the Business Travel Accident Plan.

Contact AIG International Services

AIG provides a number of services for international travelers. Contact them for more specific information about programs and services they provide.

If you are in the United States or Canada, you can contact AIG at [1-800-626-2427](tel:1-800-626-2427). You can also call collect from anywhere else in the world by contacting an international operator or placing your call directly to Houston at [001-713-267-2525](tel:001-713-267-2525).

For general information about the services offered, please contact Columbia Risk Management.

- Before you leave, you may want to check the website of your healthcare carrier to find out about the plan's medical benefits outside the United States.
- If you participate in the Budapest, Hungary or South Africa programs, you are covered by the CIGNA International Plan. Your Department Administrator can provide details of this coverage.
- These policies do not apply if you knowingly travel to a war-torn country. If you are concerned about the safety of a region, or need any other information concerning services available to you while traveling internationally, please contact Columbia Risk Management.

RETIREMENT AND TAX-DEFERRED ANNUITY PLANS

The Retirement Plan and the supplemental Tax-Deferred Annuity (TDA) Plan, in addition to your Social Security, are meant to provide a major source of income during your retirement.

University Retirement Plan for 2110, SSA and Non-union Support Staff

Participation

Once you are eligible, Columbia University makes monthly contributions to an account on your behalf. The contributions are based on your age, salary, and years of eligible service, and do not require contributions by you. You participate in the plan on your first day of work with the University.

Vesting

Once you have completed five years of covered service, your retirement contributions are yours to keep. If you do not complete five years of employment (as a support staff member or officer), the money returns to Columbia.

Making Investment Elections

You must complete Columbia Investment Direction Form, along with the application form from the investment carrier you select, within 31 days of your eligibility. Otherwise, the University's contributions will be placed into a Vanguard Life Cycle account. You may change your investment carrier once each year during the Open Enrollment period.

Access

Because these accounts are meant for your retirement, you do not have access to them while you are employed. When you retire, you'll have several options for receiving or investing the accrued University contributions.

Once you are eligible, the University contributes to the Retirement Plan every pay period, according to the following schedule of annual contributions. You do not contribute to the plan.

Years of Service	Age	University Contribution
Less than 5 years	any age	5% of your salary up to the Social Security wage base [†] , then 10% of your salary above the wage base
5+ years or tenured	less than 40	5% of your salary up to the Social Security wage base [†] , then 10% of your salary above the wage base
5+ years or tenured	40+	10% of your salary up to the Social Security wage base [†] , then 15% of your salary above the wage base
15+ years	55+	15% of your salary up to the Social Security wage base [†] , then 20% of your salary above the wage base

[†] The Social Security wage base changes annually, in 2006 it was \$94,200.

Federal law limits the amount of your annual salary that the University can use to determine contributions to your Retirement Plan account. The annual limit for 2006 was \$220,000. Federal law also limits the total dollars that may be deposited into an account on your behalf; this limit was \$44,000 in 2006 (aggregate of University contributions to the retirement plan and your personal contributions to the TDA). Note: these limits change annually.

Investment Default

If you do not designate a carrier within 31 days of becoming eligible to participate in the plan, your contributions will be invested in a Retirement Target Fund* at Vanguard. 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/hr/misc-pages/forms/index.html.

* Retirement Target Fund: This 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 assuming your retirement will be at age 65. Details about this fund may be found by contacting the carrier directly by phone or web.

Changes To Your Account

You may move monies within your account between funds at any time by contacting your selected carrier directly (by phone or online). Once a year you may transfer dollars in your account from one carrier to another by completing an Asset Transfer Form and mailing it to the receiving carrier. The carriers will coordinate the transfer of monies based upon your instruction as soon as administratively possible.

Withdrawing Money from Your Retirement Plan Account

Because this plan is designed to help you plan for retirement, you cannot withdraw money from your plan account before you retire. Loans and hardship distributions are not available from this plan. When you reach retirement age, 55, and are no longer employed by the University (or are considered an employee on Phased Retirement) you will have several options for receiving payment.

Distribution Options

- **Life Income:** Annuity to be paid over the lifetime of the retiree only. No benefit is payable to a beneficiary after the death of the retiree.
- **Joint and Survivor:** Annuity to be paid over the lifetime of the retiree, and if the retiree pre-deceases their spouse (or other designated beneficiary) a payment continues over the beneficiary's lifetime. Only those spouses who were married to the employee at the time of their retirement will receive benefits.
- **Years Certain Life Annuity Option (5,10,15 or 20 years):** You may elect to receive a life annuity benefit that has a guaranteed distribution period. If you die before the certain period you elect (5,10,15, or 20 years) the balance of the certain period will be paid to your beneficiary.
- **Lump Sum:** If you are at least 55 a lump sum distribution is available.

Please note that the annuity and installment options are only available through TIAA-CREF. You may transfer funds upon retirement to the TIAA-CREF to make a distribution election.

If you leave the University before reaching age 55, you may not move your money out of your Retirement account until you reach age 55.

You can learn more about your options by contacting the carriers directly or the Columbia University Benefits department.

Investing Your Account

You may direct the investment of the University's contribution to your account using one of three investment carriers:

For Retirement and TDA		
TIAA-CREF	www.tiaa-cref.org	1-800-842-2776
The Vanguard Group	www.vanguard.com	1-800-523-1188
The Calvert Group	www.calvertgroup.com	1-800-368-2745

Each of these carriers provides a series of investment choices (over 65 in aggregate) for you. Please review the investment choices by contacting the carriers directly.

University Pension Plan for TWU Local 241 Members

If you are a TWU member you receive a pension in retirement that is calculated on whichever of the following two formulas gives you the greatest benefit.

Formulas

- The Career Pay Formula is 2.0 percent of your pay for each year that you are covered by the Plan.
- The Final Pay Formula is 1.2 percent of your base earnings for the last five years of your employment at Columbia multiplied by your total years of credited service with the University.

Vesting

This benefit is vested 100% after five years of service with the University.

Unreduced Pension

To receive an unreduced pension you must **a)** retire with at least 20 years of service and be at least age 62 or **b)** retire on or after age 65. Retirements may only occur on the first day of a calendar month.

Supplemental Tax Deferred Annuity Plan (TDA)

You can increase your retirement savings by setting aside pre-tax money from your pay in a tax-deferred annuity (TDA) account. All earnings in your account are non-taxable until distribution.

Eligibility and Participation

All full-time, US-based, 2110, SSA, and non-union support staff members of the University are eligible to participate. Eligibility begins the first day of the month coincident with or following your date of hire. You must enroll in order to contribute to the plan.

How to Enroll

You may enroll at any time by completing a Tax-Deferred Annuity Contribution Form *and* an application for one or more of the plan's investment carriers. Once you complete and return your forms (as instructed on the form) your election will be processed as soon as administratively possible. Forms are found in your local HR office and at www.hr.columbia.edu/hr/misc-pages/forms/index.html.

Default of Investment

If you designate a carrier on your Tax-Deferred Annuity Form but do not complete the application form for that carrier, the contributions will be directed to a Retirement Target Fund* at your selected carrier. As Calvert does not provide a Retirement Target Fund: your contributions will be directed to a balanced fund.

* Retirement Target Fund: This 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 assuming your retirement will be at age 65. Details about this fund may be found by contacting the carrier directly by phone or web.

Pre-tax Contributions

Standard

When you become eligible, you may elect to set aside a percentage of your income or a specific dollar amount on a monthly basis. The monthly minimum dollar amount election is \$25 and the percentage of income election maximum is 80% and may be in whole percentages only.

The IRS limits the amount you can contribute to your TDA each year. In 2006, that limit was \$15,000. You are responsible for making sure your annual contributions do not exceed the IRS limit. To help you, TIAA-CREF will send you a personalized statement each year, usually in November, showing your contribution limits for the next year.

Catch Up

You may be able to contribute more than the standard IRS limit of \$15,000 to your account on a pre-tax basis:

- If you are age 50 or older, you may contribute an additional \$5,000 on a pre-tax basis to your TDA.
- If you are age 50 or older but not yet age 65 and have at least 15 years of service with Columbia University, you may be eligible to contribute another \$3,000 pre-tax. To make this election you must also meet these additional qualifications:
 - You have not contributed the maximum amount allowed by the IRS in the last three years
 - You have not already contributed up to \$15,000 in past years using this catch-up contributions provision.

The amount you choose to contribute, pre-tax, under this provision may not exceed the difference between your actual contributions in total over the past three years and the IRS allowable limit over the same three years. TIAA-CREF will include this calculation for you on your personalized statement in the fall. Please read your detailed materials from TIAA-CREF to make your election options for the new year.

Investing Your Account

You may direct the investment of the contributions to your account using one, two or three investment carriers:

For Retirement and TDA		
TIAA-CREF	www.tiaa-cref.org	1-800-842-2776
The Vanguard Group	www.vanguard.com	1-800-523-1188
The Calvert Group	www.calvertgroup.com	1-800-368-2745

Each of these carriers provides a series of investment choices (over 65 in aggregate) for you. Please review the investment choices by contacting the carriers directly.

Changes To Your Account

You may move monies within your account between funds at any time by contacting your selected carrier directly (by phone or online). You may transfer dollars in your account from one carrier to another by completing an Asset Transfer Form and mailing it to the receiving carrier. The carriers will coordinate the transfer of monies based upon your instruction as soon as administratively possible.

Changing Your TDA Elections

You may change the amount of your TDA contribution and/or your investment carrier twice in a calendar year at any time.

- To change your contribution amount, complete the Tax-Deferred Annuity Contribution Form and return it to the Columbia University Human Resources Benefits Department.
- To change investment carriers, complete the Tax-Deferred Annuity Contribution Form and an application for the new investment carrier. Return the forms as instructed. If an application for the new investment carrier is not received your request to change carriers will not be processed.

Forms are found at www.hr.columbia.edu/hr/misc-pages/forms/index.html and in your local HR office.

During the fall, you may change your contribution amount and investment direction for the new year (this election counts as one of the two permitted changes). To make a change, you will need to complete and submit a new election form. Refer to the personalized materials from TIAA-CREF and complete the enclosed form(s) as instructed.

Withdrawing Money from Your TDA Account

Because TDAs offer significant tax advantages, the IRS limits your access to these funds before you retire. If you withdraw money from your TDA before you reach age 59 and while you are still working, you will be responsible for income tax and a 10% penalty on the amount you withdraw.

When you retire or leave Columbia University, you can withdraw the money as you need it or use the account balance to buy an annuity that will provide regular payments. You will owe current income taxes on the money you withdraw or receive from your account and you may incur additional tax penalties depending upon your age. Please contact a tax advisor or the carrier to understand the tax consequences of any withdrawals before you request them.

Loans

While an active employee of Columbia University, you may obtain a loan from your account through TIAA-CREF (only) provided your assets are held by this carrier. If your account is with another carrier, you may request an asset transfer (Asset Transfer Form is on the web) to TIAA-CREF and then request a loan. To request a loan you simply call TIAA-CREF to request the forms and discuss your loan options (e.g. payment schedule, amount of loan).

Limits

The minimum loan amount is \$1,000 and the maximum amount is the lesser of 45% of your accumulated TDA account or \$50,000. You may have up to two loans open at one time.

Terms of a Loan

The interest rate on the loan is variable and may be changed as often as every three months. For details regarding the interest calculation please contact TIAA-CREF directly. The term of the loan can be up to five years. You also have the option of a loan term of 15 years if the loan is for the purpose of assisting with the purchase of your primary residence.

Repaying Your Loan

You will be billed quarterly for your loan by TIAA-CREF. The payments can be made by check or through automatic deductions from your checking account to TIAA-CREF. Payments cannot be made through payroll deduction.

If you miss a loan payment you will be considered in default of the loan. If you are in default, the balance of your loan will be withdrawn from your TDA account and reported as taxable income. You will be responsible for paying all related taxes including any applicable early withdrawal tax penalties. To find out more about the tax implications of default contact TIAA-CREF directly or consult your tax advisor.

Hardship Withdrawals

Subject to restrictions, you may withdraw the full value of your TDA account less post-1988 investment earnings. However, the amount cannot be more than the amount needed to meet the financial need. Under IRS guidelines you must provide documentation for the following situations to request a hardship distribution:

- Purchase of a primary residence
- Payments necessary to avoid eviction or foreclosure
- Tuition payments and related educational fees for you or your dependents
- Un-reimbursed medical expenses

You must submit your request for a hardship withdrawal to Columbia University HR Benefits/Retirement group.

In addition to regular income tax, you may be subject to a 10% penalty tax on the withdrawal amount.

If you are approved for a hardship distribution your pre-tax TDA contributions will be suspended for a minimum of six months following receipt of the hardship withdrawal. It is your responsibility to reinstate your contributions once six months' time has lapsed. You may reinstate your contributions by completing the Tax-Deferred Annuity Contributions Form.

Administration of the Columbia University Retirement Plan and Tax-Deferred Annuity Plan (“the retirement plans”)

Account Statements

You will receive a quarterly statement of your Columbia University Retirement Plan (does not include TWU) and Tax-Deferred Annuity Plan from the carrier(s) you directed investments to for each benefit. These balances may also be viewed online by visiting your carrier’s website.

Qualified Domestic Relations Orders (QDRO’s)

The retirement plans prevent distribution of your benefit to anyone other than you, or your beneficiary on your death. However, your benefits may be assigned to an “alternate payee” (e.g., an ex-spouse in the event of divorce) by court order if the Plan Administrator of the applicable plan determines it is a Qualified Domestic Relations Order. Call Columbia University HR Benefits department if you need further information.

Naming a Beneficiary

The beneficiary of your retirement plans is the person(s) or entity(ies) you choose to receive the value of your accounts in the Retirement Plan and Tax-Deferred Annuity Plan if you die while a participant.

- If you are single, you may name anyone as your beneficiary(ies).
- If you are married, your spouse is automatically your primary beneficiary, although you may name anyone you wish as a contingent beneficiary. If you want to name someone other than your spouse as primary beneficiary, you will need your spouse’s written, notarized consent.

To name, change, or add a beneficiary for the Retirement Plan or the Tax-Deferred Annuity Plan you must complete the carrier’s Beneficiary Designation Form.

If you do not complete the Beneficiary Designation Form and return it to the Benefits department your retirement benefits will be payable to the following in the event of your death:

1. Your surviving spouse, if any; otherwise
2. Your surviving children, if any; otherwise
3. Your parents, if living; otherwise
4. Your estate

Benefits payable in the name of minor children may be paid only on their behalf to a legal guardian upon proof of such guardianship.

ADOPTION ASSISTANCE PROGRAM

Columbia offers the Adoption Assistance program to assist with the costs incurred by adoptive parents.

The benefit reimburses up to \$5,000 per adoption and is available on or after your first day of full-time employment.

If you adopt two children at the same time, the maximum reimbursement is \$10,000 for the combined expenses. If both you and your spouse/same-sex domestic partner are Columbia non-union support staff or officer, you are eligible for a maximum \$5,000 reimbursement per adoption (\$10,000 for a simultaneous adoption of two children).

The reimbursement appears in your paycheck. No federal, state, or city taxes will be withheld. In accordance with IRS requirements, however, FICA and Medicare taxes will be withheld.

Eligibility

Full-time, benefits-eligible non-union support staff who are in the process of adopting, or have recently adopted a child can apply for reimbursement under the Adoption Assistance Program. The adopted child must be under age of 18 when a qualified expense is paid or incurred. Further, he or she may not be the child of the employee's spouse or same-sex domestic partner.

If you leave the University, you remain eligible for reimbursement of expenses that you incurred while you were employed at Columbia. You must submit your claim within 31 days of your employment end date.

Qualified Expenses

Qualified adoption expenses are: reasonable and necessary adoption fees, court costs, attorney fees, and other expenses directly related to, and whose principle purpose is for, the legal adoption of an eligible child (whether or not the adoption is finalized). These may include:

- public or private adoption agency fees permitted or required under the law of the state having jurisdiction over the adoption
- legal and court fees
- fees for medical and hospital services provided to the child (not otherwise covered by insurance)
- traveling expenses associated with the adoption, including transportation, meals, and lodging
- immigration, child's immunization, and translation fees
- temporary foster care charges provided before placement of the eligible child in the employee's home.

Qualified expenses do not include:

- any expenses that violate state or federal law
- the costs of carrying out any surrogate parenting arrangement
- expenses for the adoption of your spouse's or same-sex domestic partner's child
- costs paid using funds received from any federal, state, or local program
- expenses allowed as a credit or deduction under any other federal income tax rule
- expenses already paid or reimbursed by another employer or other party.

Applying for Reimbursement

If you would like to apply for reimbursement, complete the application forms available at www.hr.columbia.edu/hr/ or in Human Resources. You must submit an application for reimbursement within six months of the date an adoption becomes final or the process is terminated.

Acceptable documentation of eligible expenses consists of original itemized bills accompanied by receipts or canceled checks, along with paperwork that demonstrates that a legal adoption is underway or has been finalized or terminated.

PAID TIME OFF

The University provides a liberal vacation allowance for support staff members and grants a generous amount of holiday and personal days each year.

Vacation and Holidays

Coverage

Staff members are entitled to paid vacation and personal days each year. The number of vacation days you receive is based on your months/years of service. In addition, the University also observes certain national holidays. These tables summarize the vacation, personal days and holidays available to you each year.

Part-time employees should refer to their collective bargaining agreement for information about their vacation entitlements.

Vacation (Annual Entitlement, Accrued on a Monthly Basis)					
Months/ Years of Service	Non-Union Support Staff	Non-Union Support Staff – Medical Center & Hospital Harlem	Local 2110	SSA	TWU
2 months	20 days	22 days	20 days	10 days	5 days
12 months	20 days	22 days	20 days	10 days	10 days
3 years	20 days	22 days	20 days	15 days	15 days
4 years	20 days	22 days	20 days	15 days	20 days
5 years	20 days	22 days	20 days	20 days	20 days
15 years	22 days	22 days	22 days	20 days	25 days
20+ years	25 days	25 days	25 days	20 days	25 days

2007 Schedule of University Holidays & Personal Days

2007 Schedule of University Holidays & Personal Days				
Holidays	Date	Morningside Campus	Medical Center	Harlem Hospital
New Year's Day	01/01/07	X	X	X
University Designated Holiday*	01/02/07	X	X	
Martin Luther King Jr. Birthday (Observed)	01/15/07	X	X	X
President's Day	02/19/07		X	X
Memorial Day (Observed)	05/28/07	X	X	X
Independence Day	07/04/07	X	X	X
Labor Day	09/03/07	X	X	X
Columbus Day (Observed)	10/08/07			X
Election Day	11/06/07	X	X	X
Veteran's Day (Observed)	11/12/07			X
Thanksgiving Day	11/22/07	X	X	X
University Designated Holiday	11/23/07	X	X	
University Designated Holiday	12/24/07	X	X	
Christmas Day	12/25/07	X	X	X
University Designated Holiday	12/31/07	X	X	
Total		12	13	11
Personal Days				
Number		3	2	3

POST-65 BENEFITS – ACTIVE EMPLOYEES

Your Medical Coverage

When you become eligible for Medicare (age 65) as an active non-union support staff, 2110, SSA, or TWU, your medical coverage through the Columbia University health plan is your primary coverage. If your spouse/same-sex domestic partner is covered under your active Columbia University health insurance, your Columbia plan is primary for him or her as well – even if he or she is enrolled in Medicare.

Primary coverage means that you and your healthcare providers must submit claims to the University plan first. After the University plan pays, you may submit claims to Medicare, which is secondary coverage.

When you retire, Medicare will become your primary coverage, and the University's plan will be secondary. Then you will submit claims to Medicare, and then to the University plan.

Keep in Mind

Medicare has three parts, or types of coverage:

Part A (Hospital Insurance) – You are automatically enrolled for this coverage when you reach age 65. Most people do not pay any premium.

Part B (Medical Insurance) – Part B covers other medical services that you receive such as doctor's visits, surgery, physical therapy, etc. If you want this coverage, you must elect it. If you do, you will pay a monthly premium.

Part D (Prescription Drug Benefit) – This benefit helps you pay the cost of prescription drugs. If you want this coverage, you must elect it and will pay a monthly premium for it.

For more information about Medicare prescription drug coverage – Visit www.medicare.gov for personalized help or call 1-800-MEDICARE (1-800-633- 4227; TTY 1-877-486-2048)

Medicare Part D - Prescription Drug Coverage

Medicare prescription drug coverage (or Medicare Part D) is available to anyone who is eligible for Medicare. When you reach age 65, private health insurance companies may contact you to offer you Medicare prescription drug plans. These plans must provide at least a “standard” level of coverage defined by Medicare.

If you enroll in Medicare Part D, you will pay a separate premium for that benefit. You will also pay your premium for Columbia medical coverage, which includes prescription drug coverage.

What this Means to You

Medicare prescription drug coverage was designed primarily for those who do not have access to employer-sponsored prescription drug coverage. As an active Columbia employee (or covered dependent) eligible for Medicare, keep these points in mind as you consider whether to enroll in a Medicare prescription drug plan:

- **If you are enrolled in a Columbia University medical plan**, your prescription coverage is on average for all plan participants at least as good as the standard Medicare prescription drug coverage.
- Under the new law, this means **you have creditable coverage and do not have to enroll in Medicare Part D**. You will not be penalized if you decide to enroll in Medicare prescription coverage later.

There's no advantage to doubling up on prescription coverage. If you join a Medicare prescription drug plan, you continue to receive your medical and prescription benefits through Columbia University. You will pay the full premium for your Columbia University (medical and prescription drug) coverage as well as the premium for Medicare Part D. Since your benefits under the Columbia plan will be primary, it is unlikely you will receive much benefit, if any, from Medicare.

If you choose to drop your Columbia health coverage and enroll in a Medicare prescription drug plan, you will not be able to re-enroll in a Columbia University plan until the next Open Enrollment period, unless you have a life status change.

The enrollment period for Medicare Part D will be November 15 through December 31 each year. You may also enroll when you first become Medicare eligible, or after leaving University employment when you are age 65 or older.

Important Reminder

If you enroll in a Medicare prescription drug plan after May 15, 2006, you may need to provide a copy of the Columbia Prescription Drug Plan information to show that you have had creditable coverage. That means you will not have to pay a higher premium for Medicare prescription drug coverage. You may receive information about creditable coverage through Columbia University at other times in the future, such as the next period you can enroll in Medicare prescription drug coverage and/or if your Columbia University prescription drug coverage changes. You may also request a copy of this information by calling your local Columbia Human Resources office.

WHEN YOU LEAVE

When your employment ends, you are eligible for certain entitlements to the benefit program in which you are enrolled. These entitlements may be offered to you under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 or through rights that you have to convert policies from Columbia group contracts to individual contracts directly with the vendors.

COBRA

When your Coverage Terminates

You, your spouse or same-sex domestic partner, and your dependent children—if covered under the University's medical, dental or the Healthcare Flexible Spending Account—have certain rights to continue your coverage under COBRA.

Employee Benefit Plan Administration (EBPA) administers the University's COBRA coverage. Once EBPA is notified that coverage is terminated, they will provide additional information to you, mailed to the last home address in our system. This information includes the coverage available for continuation, the period that this coverage can be extended, and the premiums required.

When your Spouse/Same-Sex Domestic Partner/Dependents' Coverage Terminates

It is the staff member's obligation to notify Human Resources Benefits when your spouse/same-sex domestic partner or dependent child no longer qualifies for coverage under your benefit plans (for example, divorced or legally separated spouses must be removed). Because of the tax-deferred nature of most of the premiums in the University's benefit plans, to continue coverage for the ineligible dependent puts the plan and your individual tax filing at risk.

Depending upon the reason for the removal from your coverage, there may be COBRA continuation rights available to your dependents. (Therefore, it is also important that information on rights and entitlements be provided directly to the affected individual.) Please notify Human Resources Benefits of any address change that may also occur for your spouse/same-sex domestic partner/dependent due to an eligibility change.

COBRA entitlements are explained in complete detail in the *Benefits Entitlements under COBRA and Conversion* brochure available online at www.hr.columbia.edu or in your local HR office.

Conversion Rights

Life Insurance

If you are covered under a group life insurance policy or group long-term disability policy through Columbia University, you have the right to convert that policy to a direct-pay policy with the insurer. If you apply within the established deadlines (usually 30 days from termination or 30 days from notification of your rights) you cannot be denied an individual policy. Your rates for the individual policy will be determined by the insurer based upon its individual book of business. This means that your rates may be considerably higher than you currently pay. In some cases, you may be given the opportunity to submit proof of good health and receive lower individual rates. You should discuss your options with the individual carrier.

You will receive more information about conversion when you terminate. You can also find details in the *Benefits Entitlements under COBRA and Conversion* brochure.

Death During Active Service

The estate of a support staff member who dies during active service will receive post-mortem pay for any time worked (but not previously paid) prior to death, vacation and personal day balances, and in addition, will receive 22 days regular pay. The check will be made payable to the estate and will be sent to the last address for the staff member.

In addition, under certain conditions, surviving spouses, same-sex domestic partners and dependent children may be eligible for benefits continuation.

10 or more years of service, age 55 or older

If a member dies during active service, is age 55 or older and has had 10 or more years of continuous benefits-eligible service, the covered spouse/same-sex domestic partner and dependent children will qualify for entitlements in the University's medical plans under the same provisions as a survivor of a retired member. Contributions will not be required for this coverage.

Tuition benefits are continued to the spouse/same-sex domestic partner or dependent child to complete a term begun before the member's death.

10 or more years of service, under age 55

If a member is under age 55, but has 10 or more years of continuous benefits-eligible service at the time of death, medical coverage will be continued for the covered spouse/same-sex domestic partner and dependent children for one year from the date of death—at no cost to the survivor. At the end of the year of coverage continuation, COBRA entitlements apply.

Tuition benefits are continued to the spouse/same-sex domestic partner or dependent child to complete a term begun before the member's death.

Less than 10 years of service, any age

If a member has less than 10 years of continuous benefits-eligible service at the time of death, medical coverage will be continued for the covered spouse/same-sex domestic partner and dependent children for one year from the date of death—at no cost to the survivor. At the end of the year of coverage continuation, COBRA entitlements apply.

Tuition benefits are continued to the spouse/same-sex domestic partner or dependent child to complete a term begun before the member's death.

The Human Resources Web Site has all the benefit information you need. Go to: www.hr.columbia.edu/hr and go to the Benefits section.

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

With the growth of information technology, the protection of private medical information has become a national concern. Congress addressed these concerns with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), whose privacy provisions, applicable to all health plan providers, went into effect on April 14, 2003.

Disclosure Limitations

The Columbia University Health Plan—which includes CIGNA POS, Oxford POS, Medco Rx, GHI Dental, the Columbia Dental Plans and the Healthcare Flexible Spending Account—has always maintained the strictest privacy and confidentiality standards in the use and handling of your health insurance information.

Under HIPAA, health plan providers and designated Columbia Human Resources employees can only disclose your protected health information for a limited number of purposes:

- To make or obtain payments
- To conduct health care operations
- To recommend treatment alternatives
- To provide information about health related benefits and services
- To communicate with an individual—that is, a friend or family member—involved in your care or the payment for your care (if authorized by you)
- To comply with a federal, state, or local legal requirement
- To comply with a court order or administrative proceeding
- To conduct health oversight activities
- To counter serious threats to your health or safety
- For law-enforcement purposes
- For specified government functions
- For worker's compensation.

Otherwise, neither the health plan providers nor Columbia Human Resources can disclose information about your or your dependents' health insurance, dental insurance, prescription drug coverage, Healthcare Flexible Spending Account or medical plan enrollment with anyone other than the covered individual. This includes:

- Other offices of the University, as well as employees in Columbia Human Resources not involved in health plan administration
- Spouses or other family members not directly involved in your care or the payment for your care (unless authorized by you).

Your rights regarding your health information include:

- The right to request restrictions beyond those outlined above
- The right to receive confidential communications (for example) at only a specified phone number or e-mail address
- The right to inspect and copy your private health information
- The right to amend your private health information
- The right to an accounting of instances when your private health information has been disclosed

The right to a paper copy of the Notice of Columbia University Health Plan's Privacy Practices, sent to all Columbia employees on April 14, 2003, distributed to all subsequent new hires, and available on the web under "Benefits" at www.hr.columbia.edu/hr/.

Privacy Officer

To exercise your HIPAA rights under Columbia health plans, please contact Columbia's designated Privacy Officer at:

Columbia University HR
1901 Interchurch Center, MC 7705
475 Riverside Drive
New York, NY 10115
E-mail: hrprivoff@columbia.edu
Fax: (212) 870-3365

Authorization Forms

For HIPAA authorization forms, please visit your local HR office or the Columbia HR web site in the "Forms Library" at www.hr.columbia.edu/hr/.

CONTACT INFORMATION

The Human Resources Web Site has all the benefit information you need.
Go to: www.hr.columbia.edu/hr and go to the Benefits section.

- Your own current benefits enrollment
- Links to health plan web sites and participating provider lists
- Lists of Frequently Asked Questions
- Benefits in Brief
- General information about Columbia benefits, including the following topics:
 - Tuition Exemption in Brief for Support Staff
 - College Tuition Scholarship Program (CTS)
 - Primary Tuition Scholarship Program (PTS)
 - Flexible Spending Account (FSA) Reimbursement Guide
 - Child Care Assistance at Columbia
 - Health Care Coverage Through COBRA and Conversion
- Summary Plan Descriptions
- All Columbia University Human Resources forms, plus many health plan claim forms

To Enroll in, Change, or Terminate Your Benefits:

Contact your local Columbia Human Resources office.

Morningside (and Nevis) Benefits and Compensation

1901 Interchurch, MC 7705
475 Riverside Drive
New York, NY 10115
(212) 870-3074
hrfss@columbia.edu

Harlem Hospital Columbia Affiliation HR

506 Lenox Avenue, Room 6208
New York, NY 10029
(212) 939-1720

Medical Center Human Resources

112 Black Building
650 W. 168th Street
New York, NY 10032
(212) 305-3819

Lamont-Doherty Office of Human Resources

Administration Bldg., Room 205
Palisades, NY 10964
(845) 365-8840



