

**THE LONG ISLAND RAIL ROAD COMPANY
2012 BENEFITS PACKAGE OVERVIEW
FOR REPRESENTED EMPLOYEES**

BENEFIT COVERAGE & INSURER	PLAN DESCRIPTION	ELIGIBILITY	COST/EMPLOYEE
Empire Plan Nurse Line	<u>Call the Empire Plan toll-free at 1-877-7-NYSHIP (1-877-769-7447) and choose the Empire Plan NurseLine for health information and support.</u>		Co-payments & deductibles are the responsibility of the employee
<p>Centers of Excellence</p> <p>1-877-769-7447</p> <ul style="list-style-type: none"> • Cancer Services • Transplants Program • Infertility Benefits <p>Please see The Empire Plan 2012 At a Glance for more information, at http://www.cs.ny.gov/</p>	<p>Call the Empire Plan toll-free at 1-877-7-NYSHIP (1-877-769-7447) and choose United HealthCare (UHC) for pre-authorization and listing of Qualified Procedures before receiving services. The lifetime maximum for authorized Qualified Procedures received under the hospital and/or medical/surgical programs is \$25,000 per covered person.</p> <p>Paid-in-full benefit, subject to the lifetime maximum for Qualified Procedures, when you choose a Center of Excellence for Infertility Treatment. A travel allowance is available in the Center of Excellence benefit.</p> <p>If a Qualified Procedure is authorized but you do not use a Center of Excellence, you will receive inpatient/outpatient hospital coverage and/or medical/surgical coverage</p>	<p>Effective the first day of the next month after your employment with the LIRR for active employees & eligible dependents.</p>	<p>For represented employees, LIRR pays the entire cost.</p> <p>Co-payments & deductibles are the responsibility of the employee.</p>

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<p>Basic Medical (Continued)</p>	<p style="text-align: center;"><u>PARTICIPATING PROVIDERS</u></p> <p><u>Doctor's Office Visit/Office Surgery/Laboratory/Radiology</u> Each covered service is subject to \$20 co-payment per visit to a Participating Provider. Maximum of 2 co-payments per visit.</p> <p><u>Physician/Surgical</u> Surgical - \$20 co-payment for Participating Provider Basic Medical provisions for Non-Participating Providers</p> <p><u>Routine Physical</u> Paid-in-full benefits for preventive care services as defined in the Patient Protection and Affordable care Act. Other services subject to \$20 co-payment per visit to Participating Provider. For Non-Participating Providers, routine exams are covered once every calendar year for employees age 50 or older, and for covered spouse/domestic partner 50 or older.</p> <p><u>Pediatric Immunizations for Dependent Children</u> Routine pediatric immunizations and cost of injectable substances covered through Participating and Non-Participating Providers. No co-payment for Participating Providers.</p> <p><u>Hearing Aids</u> Hearing aid evaluation, fitting & purchase of hearing aids covered up to a maximum reimbursement of \$1,500, per hearing aid, once every 4 yrs; children 12 yrs. and under covered up to \$1,500, per hearing aid, every 2 yrs., if existing hearing aid can no longer compensate for child's hearing loss. This benefit is not subject to deductible or co-insurance</p> <p><u>Ambulatory Surgical Center</u> \$60 co-payment covers facility, the same-day on-site testing & anesthesiology charges for covered services at participating surgical centers.</p> <p><u>Infertility Treatment</u> Call United HealthCare at 1-800-638-9918 for prior authorization & a list of qualified procedures for treatment prior to receiving services. Lifetime maximum for authorized qualified procedures is \$50,000 per covered person.</p>	<p>Effective the first day of the next month after your employment with the LIRR for active employees & eligible dependents.</p>	<p>For all represented employees. LIRR pays the entire cost.</p> <p>Co-payments & deductibles are the responsibility of the employee.</p>

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<p style="text-align: center;">Basic Medical (Continued)</p>	<p><u>Ambulance Service</u> Local, professional/commercial ambulance covered under basic medical, subject only to \$35 co-payment. Volunteer Ambulance Service: Reimbursed for donation up to \$50 for services under 50 miles; \$75 for services over 50 miles. Not subject to deductible and co-insurance</p>		<p style="text-align: center;">Co-payments & deductibles are the responsibility of the employee.</p>
<p style="text-align: center;">Home Care Services, Skilled Nursing Services & Medical Equipment/ Supplies</p>	<p><u>Home Care Advocacy Program (HCAP)</u> Home care services, nursing services, and durable medical equipment & supplies call HCAP at 1-877-769-7447. Covered services & supplies are covered in full when HCAP pre-certifies & makes or helps make arrangements.</p>	<p>For diabetic supplies (except insulin pumps & Medijectors) call 1-888-306-7337 For ostomy supplies call 1-800-354-4054.</p>	<p style="text-align: center;">You must call for prior authorization to receive paid-in-full benefit.</p>
<p style="text-align: center;">Mental Health/ Substance Abuse Program</p> <p style="text-align: center;">OptumHealth</p> <p style="text-align: center;">Call 1-877-769-7447 and choose the Mental Health & Substance Abuse Program. The OptumHealth Clinical Referral Line is available 24 hours a day every day of the year.</p>	<p><u>Network Coverage</u> <u>Inpatient:</u> Mental Health and Substance Abuse: Approved Facilities and Practitioner Treatment or Consultation Paid-in-Full <u>Outpatient:</u> Mental Health: \$20 copay per visit with up to three visits per crisis paid in full Substance Abuse: \$ 20 copay per visit. <u>Non-Network Coverage</u> <u>Inpatient:</u> Plan pays up to 90% of billed charges for covered services 100% after \$1,500 coinsurance maximum per enrollee, spouse/domestic partner, and dependent child combined. <u>Outpatient:</u> Plan pays up to 80% of reasonable & customary charges for covered services after \$1000 annual deductible is met. After maximum coinsurance of 3,000 is met for enrollee, \$3,000 spouse/domestic partner, or \$3,000 dependent child combined, benefits are paid at 100% of reasonable & customary charges for covered service.</p>	<p style="text-align: center;">To ensure highest level of benefits, you must call OptumHealth before beginning any treatment including substance abuse or alcoholism.</p>	<p style="text-align: center;">Co-payments & deductibles are the responsibility of the employee.</p>

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<p style="text-align: center;">Chiropractor/ Physical Therapist United Health Care 1-877-769-7447</p>	<p><u>Managed Physical Network (MPN) Provider</u> \$20 co-pay per visit for medically necessary chiropractic treatment or physical therapy.</p> <p><u>Non-Network Provider</u> \$250 Managed Physical Medicine Program deductible, 50% co-insurance after you meet the annual deductible.</p>	<p>Effective the first day of the next month of your employment with the LIRR for active employees and eligible dependents.</p>	<p>Co-payments & deductibles are the responsibility of the employee.</p>																
<p style="text-align: center;">HMO Various</p>	<p>HMOs are a pre-paid medical plan that provides a pre-determined medical care package.</p> <p>Participating HMOs are listed below: Aetna, Blue Choice, Community Blue, HMO Blue, Empire BlueCross BlueShield HMO, Independent Health, Preferred Care, Univera Health Care, Capital District Physicians' Health Plan, MVP Health Care, GHI HMO, HIP Health Plan of New York, Vytra</p>	<p>Effective the first day of the next month of your employment with the LIRR for active employees and eligible dependents.</p> <p style="text-align: center;">Open Enrollment November/December</p>	<p>Employee contribution varies based on the HMO premium cost.</p> <p>Co-payment & deductibles are the responsibility of the employee.</p>																
<p style="text-align: center;">Prescription Drugs Medco/Empire Plan</p>	<p>Prescription Drug Co-payment Chart</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Supply Dispensed</th> <th style="text-align: center;">Generic</th> <th style="text-align: center;">Preferred Brand-name</th> <th style="text-align: center;">Non Preferred Brand-name</th> </tr> </thead> <tbody> <tr> <td>Up to 30 day supply from a participating pharmacy</td> <td style="text-align: center;">\$5</td> <td style="text-align: center;">\$15</td> <td style="text-align: center;">\$40</td> </tr> <tr> <td>31-90 day supply from participating retail pharmacy</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$30</td> <td style="text-align: center;">\$70</td> </tr> <tr> <td>31-90 day supply from Medco Mail Service</td> <td style="text-align: center;">\$5</td> <td style="text-align: center;">\$20</td> <td style="text-align: center;">\$65</td> </tr> </tbody> </table>	Supply Dispensed	Generic	Preferred Brand-name	Non Preferred Brand-name	Up to 30 day supply from a participating pharmacy	\$5	\$15	\$40	31-90 day supply from participating retail pharmacy	\$10	\$30	\$70	31-90 day supply from Medco Mail Service	\$5	\$20	\$65	<p>Effective the first day of the next month of your employment with the LIRR for active employees and eligible dependents.</p>	<p>If you choose to purchase a brand-name drug, which has a generic equivalent, you pay the non-preferred brand-name co-payment plus the difference in cost between the brand-name drug and the generic.</p>
Supply Dispensed	Generic	Preferred Brand-name	Non Preferred Brand-name																
Up to 30 day supply from a participating pharmacy	\$5	\$15	\$40																
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<p style="text-align: center;">OPT-OUT INCENTIVE PROGRAM</p>	<p>Employees who drop have other coverage and elect to drop NYSHIP coverage for one year beginning January 1, will receive an incentive payment at the end of the year.</p> <ul style="list-style-type: none"> • \$550 if currently enrolled in individual coverage • \$1,100 if currently enrolled in family coverage <p>Payments subject to applicable federal, state & local taxes.</p>	<p>Effective the first day of the next month of your employment with the LIRR for active employees and eligible dependents.</p>																	

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<p style="text-align: center;">Life Insurance Metropolitan Life</p>	<p style="text-align: center;"><u>Life Insurance Provided as Listed Below</u> TCU (Hired prior to 1/1/88) BLE, BRS - \$28,000 per employee. UTU & YDM \$100,000 per employee. F&O, IAM, SMW & IBEW - \$50,000 per employee. GANG FOREMEN - \$92,000 per employee.</p>	<p>Effective after two months of service with the LIRR. TCU members not eligible unless hired prior to 1/1/88.</p>	<p>LIRR pays the entire cost.</p>
<p style="text-align: center;">Accidental Death & Dismemberment Metropolitan Life</p>	<p>\$10,000 in addition to life insurance.</p>	<p>Effective after two months of service with the LIRR.</p>	<p>LIRR pays the entire cost.</p>
<p style="text-align: center;">Dependent Life Insurance Metropolitan Life</p>	<p>Your spouse and each of your eligible dependents 14 days or older are eligible for the following amounts: TCU (Hired prior to 1/1/88) Spouse - \$4,000 Children 14 days – 6 months - \$400 Children 6 months – 19 years - \$2,000</p>	<p>Effective after two months of service with the LIRR. TCU members not eligible unless hired prior to 1/1/1988</p>	<p>LIRR pays the entire cost.</p>
<p style="text-align: center;">Hearing Aid LIRR</p>	<p>The purchase of hearing aid for each ear if medically necessary once in every 3 calendar years.</p> <ul style="list-style-type: none"> • Basic comprehensive Audiological evaluation • Complete hearing aid reflecting the latest state-of-the-art technology • \$500 per hearing aid each ear once every 3 calendar years 	<p>Effective after two months of service with the LIRR. Employee must first submit application through NYSHIP and then to the LIRR.</p>	<p>LIRR pays the entire cost.</p>
<p style="text-align: center;">Dental Métropolitain Life</p> <p style="text-align: center;">1-800-942-0854</p> <p style="text-align: center;">Group # 90443</p>	<p>Paid as per schedule of benefits listed in the SPD. No deductible. BLE - Max for prosthetics per calendar year-\$1,100. Max for Orthodontia-\$1650. BRS - Max for prosthetics per calendar year-\$1,210. Max for Orthodontia-\$1,815 F&O, IAM, IBEW, SMW, TCU, UTU, YDM & GANG FOREMEN Max for prosthetics per year-\$1,331 Max for Orthodontia\$1,997</p>	<p>Effective after two months of service with the LIRR.</p>	<p>LIRR pays the entire cost.</p>
<p style="text-align: center;">Vision EyeMed Vision Plan</p> <p style="text-align: center;">Plan 9745753</p> <p style="text-align: center;">1-800-334-7591</p>	<p>BLE - Complete eye exam add 1 pair of glasses per individual, per calendar year – Max \$39. Plan # 9745761</p> <p>BRS, F&O, IAM, IBEW, SMW, TCU, UTU, YDM & GANG FOREMEN - Complete eye exam and 1 pair of glasses per individual, per calendar year – Max \$50.</p>	<p>Effective after two months of service with the LIRR.</p>	<p>LIRR pays the entire cost.</p>

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MTA Flexible Spending Account (FSA) P & A Group	The FSA allows you to set aside pre-tax dollars for eligible health and dependent health care expenses for the calendar year.	Open Enrollment November/December with an effective date of January 1 st .	The LIRR pay the administrative cost. Employee contributes weekly through payroll deductions.
NY College Savings Program U-Promise	Provides tax benefits & professional investment management to save for your children's, grandchildren's, relatives', and/or friends' college education through payroll deduction.	Effective the first day of your employment with the LIRR.	Employee contributes monthly through payroll deductions.
Bereavement Leave	Represented employees may request and will be allowed up to a maximum of three (3) working days off without loss of pay at the time a death occurs in their immediate family. Proof of death in family is required in the form of a death certificate or note from the funeral director.	Effective the first day of your employment with the LIRR.	LIRR pays the entire cost.
Jury Duty	A Represented employee required to be absent from work in order to perform jury duty will have their pay continued. Employees have the responsibility to show their supervisor the summons to serve on a jury at least three days prior to the date they are scheduled to serve. After completion of jury duty, the employee should furnish his supervisor with evidence of having served (certificate of service) during the time claimed. Employees will not be required to perform work duties and responsibilities during the normal period of jury duty assignment. Employees on jury duty are expected to report for work at any time they are temporarily or finally excused during the scheduled period of such service.	Effective after one year of service with the LIRR.	LIRR pays the entire cost.

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<p style="text-align: center;">Employee Assistance Program</p>	<p>A confidential and comprehensive counseling program for work related and/ personal problems is available for LIRR employees and their families.</p> <p>The Employee Assistance Office is located at: 300 Old Country Road, Suite 103, Mineola, NY 11501 The Phone Number is: 516-248-3434</p>	<p>Effective the first day of your employment with the LIRR.</p>	<p>LIRR pays the entire cost.</p>
<p style="text-align: center;">Tuition Reimbursement</p>	<p>The program is designed to develop employee advancement through attainment of specific degree programs in fields relevant to their current or potential future job responsibilities.</p> <p>The program covers courses and curricula at accredited colleges and universities, including two year community and vocational colleges; accredited vocational/trade schools & technical institutions; and professional societies or associations.</p> <p>Employees hired may be reimbursed for educational expenses up to a maximum of \$4,000 in a calendar year (January – December).</p>	<p>Represented applicant must have completed twelve months of continuous service before the date on which the class commences.</p> <p>The Department Head must deem the proposed course of study program to be Job-related/career related.</p> <p>Your application must be approved before the class begins.</p>	<p>LIRR may provide payment to employees upon submission of:</p> <ul style="list-style-type: none"> (1) original bursar's receipt for all eligible expenses; (2) original official grade report(s) or a registrar's transcript. <p>Receipts & other documentation must be presented within six (6) months of receipt of final grade.</p>

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<p>Railroad Retirement Act</p> <p>Railroad Retirement Board 1400 Old Country Road Suite 204 Westbury, NY 11590-5130</p> <p>877-772-5772</p> <p>www.rrb.gov</p>	<p>A Federal Law that provides Retirement and Disability Annuities for qualified railroad Employees, Spousal Annuities and Survivor benefits for the families of deceased employees who were insured under the Act.</p> <p>Benefits are paid at the following levels:</p> <p>Age 65-67 (100%)* for employees with less than 360 months of service. Age 62 (70-80%)* for employees with less than 360 months of service. Age 60 (100%)* for employees with 360 or more months of service.</p> <p>Spousal Annuities are payable upon meeting the required age requirements.</p> <p>*Benefit levels and contribution levels are set by the Railroad Retirement Board in accordance with the appropriate law.</p>	<p>Effective the first day of your employment with the LIRR.</p> <p>Five years (60 months) of creditable service rendered after 1995 for a Service & Age Annuity</p> <p>Five years (60 months) creditable service rendered after 1995 for a Total & Permanent Disability Annuity</p> <p>or</p> <p>Twenty years (240 months) of creditable service for an Occupational Disability Annuity</p>	<p>Shared Cost LIRR/Employee</p> <p>Tier I – (2011) 4.2% rate until \$106,800 of compensation. Annual amount each - \$6,621.60 maximum.</p> <p>Upon reaching Tier I max. of 106,800, the Medicare tax rate of 1.45% will continue with no max. limit on compensation.</p> <p>Tier II – (2011) 3.90% tax rate until \$79,200 for Employee. Annual \$3,088.80 maximum.</p>
<p>Railroad Unemployment Insurance Act (RUIA)</p>	<p>Provides unemployment insurance or railroad sickness insurance benefits. The Railroad Retirement Board must be contacted for unemployment and sickness benefits.</p> <p>The level of benefits provided is subject to change by the Railroad Retirement Board.</p>	<p>Benefit Year-July 1– June 30</p> <p>Benefits are payable to you if you had at least 5 Months of Credited Service in the prior calendar year which is called the “base year”.</p>	<p>LIRR pays the entire cost.</p>

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<p>Long Island Rail Road Company Pension Plan</p> <p style="text-align: center;">&</p> <p>Long Island Rail Road Company Plan for Additional Pensions</p>	<p><u>THE LONG ISLAND RAIL ROAD DEFINED BENEFIT PLAN</u> Credited Service – generally all service rendered by an employee with the Railroad (Employees hired prior to 12/31/87)</p> <p>Benefit Formula: 2% of final average earnings times years of service (maximum of 25 years), plus 1, 5% of final average earnings times years of service in excess of 25.</p> <p>At age 65 offset for Railroad Retirement at a rate of 25% or 50% depending on date of hire.</p>	<p>Current Employees Age 65 & 5 years of service or Age 50 & 20 years of service or Age 65 and vestee with at least 10 years of service, but less than 20 years.</p>	<p>LIRR pays the entire cost, except a 3% contribution is required for those employees hired after 7/1/78.</p>
<p>Long Island Rail Road Money Purchase Pension Plan (BLE Emps. Only)</p>	<p><u>MONEY PURCHASE PENSION PLAN</u> Credited Service – generally all service rendered by an employee with the Railroad (Employees hired after January 1, 1988). Retirement benefits are based on the amount (Employee & Employers) in the participant’s account at the time of retirement. No Railroad Retirement Offset.</p>	<p>Age 55 & 30 years of service or Age 60 & 15 years of service or Age 65 & 10 years of service</p>	<p>Employee contributes 3% of compensation with an additional 5% employer contribution.</p>
<p>MTA Defined Benefit Pension Plan</p>	<p><u>MTA DEFINED BENEFIT PENSION PLAN</u> Credited Service – generally all service rendered by an employee with the Railroad (Employees hired after January 1, 1988)</p> <p>Benefit Formula: 1.67% of Final Average Compensation (FAC) (highest 3 consecutive years in last 10 years) times years of credited service up to 20 years. If over 20 years, 2.0% of FAC times years of credited service up to 30 years, plus 1.5% of FAC times years of credited service in excess of 30 years.</p> <p>Offset by Tier II Railroad Retirement Annuity when Tier II benefit payable.</p>	<p>Age 60 & 5 years of service For employees hired prior 1/31/08</p> <p style="text-align: center;">Or</p> <p>Age 62 & 5 years of service For employees hired after 1/31/08</p> <p>Age 55 & 30 years of service or Reduced pension available at age 55 with minimum of 10 years of service but less than 30 years.</p>	<p>LIRR pays the entire cost except a 3% employee contribution is required for 10 years from the date of participation in the Pension Plan for those employees prior 1/31/08</p> <p>LIRR pays the entire cost except a 4% employee contribution is required for 10 years from the date of participation in the Pension Plan for those employees after 1/31/08</p>

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<p style="text-align: center;">401(k) Plan (Includes Roth 401 (k) Option)</p>	<p>This is a tax-deferred retirement savings plan. You may defer income by electing any percentage of your annual salary through payroll deductions up to a maximum of \$16,500 per year. Participants who will be age 50 or over in 2007 limits set at \$22,000. You have a choice of sixteen investment funds available for your contributions.</p>	<p>Effective the first day of your employment with the LIRR.</p>	<p>Employee contributes through weekly payroll deductions.</p>
<p style="text-align: center;">457 Plan</p>	<p>This is a tax-deferred retirement savings plan. You may defer income by electing any percentage of your annual salary through payroll deductions up to a maximum of \$16,500 per year. Participants who will be age 50 or over in 2007 limits set at \$22,000. The plan allows participants to “catch up” on underutilized deferrals up to a maximum of double the normal dollar limit each year during the last three years prior to retirement. You have a choice of sixteen investment funds available for your contributions.</p>	<p>Effective the first day of your employment with the LIRR.</p>	<p>Employee contributes weekly through payroll deductions.</p>

OFFICIAL PLAN OR POLICY DESCRIPTION TAKES PRECEDENCE OVER ALL NON-OFFICIAL MATERIAL AND WILL BE THE DETERMINING DOCUMENT ON ANY QUESTIONS OF POLICY OR PRACTICE. THE COMPANY RESERVES THE RIGHT, ON ITS SOLE AND UNLIMITED DISCRETION, TO AMEND, ALTER, CHANGE, MODIFY, SUSPEND, SUBSTITUTE, REVOKE OR TERMINATE THE PLAN, IN WHOLE OR IN PART, IN ANY RESPECT, INCLUDING TO INCREASE THE LEVEL OF REQUIRED PARTICIPANT CONTRIBUTIONS, AT ANY TIME AND FOR ANY REASON, WITHOUT NOTICE TO AND WITHOUT THE CONSENT OF ANY CURRENT, FUTURE OR FORMER RETIREE.