

Benefits at a Glance

Employer Provided Benefits

- **Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance Plans**
You automatically receive Employer-Provided coverage equal to one times your total compensation.
- **Business Travel Accident Insurance**
You automatically receive coverage equal to three times your total compensation at no cost to you.
- **Long-Term Disability (LTD) Insurance**
You are automatically enrolled in coverage that provides 66 2/3% of your monthly total compensation in the event you become disabled and unable to work.

Employer Subsidized Benefits

- **Medical Coverage:** Select from three levels of PPO coverage including a Consumer Choice PPO Plan with a Health Savings Account (HSA). Depending on your work location, you may also have an HMO plan available. Your premiums are paid pre-tax.
- **Dental Coverage:** Choose between two PPO options—Basic Plan and Comprehensive Plan. Your premiums are paid pre-tax.
- **Defined Contribution/401(k) Plan:** Company matching funds are in addition to your contributions.

Optional Benefits

- **Vision Plan**
Coverage for eye exams, lenses, frames and contact lenses. Receive discounts on certain procedures. You pay for vision coverage on a pre-tax basis.
- **Tax Advantage Accounts**
Contribute to one or more accounts available on a pre-tax basis:
 - Health Care Flexible Spending Account (FSA)
 - Limited Purpose Health FSA
 - Health Savings Account (HSA)
 - Dependent Care Flexible Spending Account
- **Optional Basic Employee Term Life and Accidental Death & Dismemberment (AD&D) Insurance**
Elect coverage for an additional one times your total compensation. You pay the full cost on a pre-tax basis.
- **Group Universal Life (GUL) Insurance**
Purchase benefits up to ten times your total compensation for yourself, up to \$250,000 for your spouse and you can also take advantage of the added benefit of building long-

term savings via the cash accumulation fund option. You pay the full cost on an after-tax basis.

- **Dependent Child(ren) Life:** Purchase up to \$25,000 in life insurance for each eligible dependent child.
- **Voluntary Accidental Death & Dismemberment (AD&D) Insurance**
Elect coverage for you and/or your family up to ten times your base pay to a maximum of \$750,000. You pay on a pre-tax basis.
- **AFLAC**
Elect supplemental cancer and other specified-disease coverage for you, your spouse or your family. You pay on a pre-tax basis.

Eligibility

You're eligible for benefits if you are employed by a Farm Credit employer that participates in the Farm Credit Foundations Benefit Plans and you are:

- A full-time employee (regularly scheduled to work at least 32 hours per week), or
- A part-time benefits-eligible employee (regularly scheduled to work 20 to 31 hours per week)

Eligible Dependents

In addition, your eligible dependents are eligible for coverage under most benefit plans. Your eligible dependents include:

- Spouse or domestic partner*(domestic partner and common law spouse);
- Unmarried dependent child(ren)* under age 19 including biological child(ren), adopted child(ren) and stepchild(ren);
- Unmarried child(ren)**, ages 19 up to their 25th birthday, who are full-time students at an accredited institution and who are dependent on you for support;
- Unmarried child(ren)**, ages 19 up to their 25th birthday, who are participating full-time on an approved unpaid charitable or religious mission.
- Unmarried children** of any age who are physically or mentally challenged and depend on you for support. A child will be considered to be physically or mentally challenged if he or she is incapable of self-sustaining employment because of a physical or mental disability.

*For plan purposes, a Domestic Partner means:

- Two unmarried adults at least 18 years of age of the same or opposite sex that are not related by blood that have lived together for more than six months in a exclusive committed relationship of mutual caring and financial support. Dependent benefits for Domestic Partners are available under the Medical, Dental and Vision plans.

**For plan purposes, child(ren) means:

- Your own or legally adopted child;
- Child(ren) & stepchild(ren) who live in a parent/child relationship with you at least half the time;
- Child(ren) of a Domestic Partner who live with you and are dependent upon you for at least half of their support. As long as your domestic partner is enrolled for coverage;
- Child whose coverage is required by a Qualified Medical Child Support Order (QMCSO);
- Child other than the above with a court document granting guardianship.

If your child is a student or on a qualified mission and over age 18, you may be required to certify and/or provide proof of full-time student/missionary status.

Enrollment Periods

Farm Credit Foundations benefit plans operate on a calendar year basis - January 1 through December 31. Many of the plans are offered through a Cafeteria plan which allows enrollment or changes only during special enrollment periods:

New Hire Enrollment Period

Your New Hire Enrollment Period is the first 45 days of hire. Benefits will be effective the 1st or 16th day of the month on/or following enrollment. If you do not enroll within 45 days of hire, you will automatically be enrolled in the employer-provided benefits (Basic Employee Term Life and Accidental Death and Dismemberment, Business Travel Accident, Long-Term Disability Insurance and the 401(k) program).

Annual Enrollment Period

Your Annual Enrollment Period for each year is generally the first two weeks in November. During this period, you have the opportunity to review your benefits and make changes. An election filed during the Annual Enrollment period is effective January 1*, and applies throughout the next year.

Special Enrollment Periods

If you meet the requirements for changing one or more of your pre-tax elections during the year, the 31-day period immediately thereafter is a special enrollment period.

Qualified Status Change

You may make mid-year pre-tax election changes if you have a Qualified Status Change:

- Marriage, divorce or legal separation;
- Change in domestic partner relationship;
- Birth, adoption or placement for adoption;
- Death of your spouse or dependent;
- Loss or reinstatement of dependent status;
- Significant change in your spouse's/partner's coverage;
- Loss of your or your dependents' group coverage due to layoff or termination.

If you have a Qualified Status Change and would like to change your coverage, you must submit a change within 31 days of the qualified event. Your benefit changes will be effective the date of the event. Any changes made to coverage must be consistent with the Qualified Status Change under IRS Section 125.

** Certain coverages may become effective upon approval from the vendor. Review the information in the Life Insurance and AFLAC sections for more information.*

HIPAA Medical Special Enrollment

- **Newly Acquired Spouse**

If you acquire a spouse through marriage, you can enroll your spouse without waiting until the next Annual Enrollment date. If you are not enrolled for coverage, you also can enroll yourself for medical coverage at that time. You can enroll prior to or within 31 days after your date of marriage. Coverage will start on your date of marriage.

- **Newly Acquired Children**

If you acquire an eligible dependent child through birth, adoption or placement for adoption, you can enroll the child without waiting until the next Annual Enrollment date. If you and/or your spouse are not enrolled for coverage, you also can enroll yourself and your spouse for medical coverage at that time. Coverage must be elected within 31 days of birth, adoption or placement of adoption. Coverage will start on the date of birth, adoption or placement for adoption.

- **Loss of Other Coverage**

You may initially have declined coverage for yourself or an eligible dependent because you or your eligible dependent had coverage under a prior employer's plan or because you or your eligible dependent had other health coverage (for example, coverage under a health plan of your spouse). You can elect to enroll when this other coverage expires, if:

- You or your eligible dependent lose eligibility for such other coverage (for example, you exhaust prior plan coverage, or your spouse changes to part-time employment and is no longer eligible under his/her employer's plan) other than as a result of a failure to pay premiums or a loss of coverage for cause.
- All employer contributions toward such coverage have stopped.

You can enroll within 31 days after the loss of other coverage and coverage will start on the day after loss of coverage. If you do not enroll yourself or an eligible dependent within such 31-day period, you cannot enroll until the next Annual Enrollment Period.

Your Medical Plans

Farm Credit Foundations offers three different PPO* medical options through BCBS of Illinois for you and your family:

- Premium PPO Plan
- Standard PPO Plan
- Consumer Choice PPO Plan (This plan is a qualified High Deductible Health Plan.)

*PPO (Preferred Provider Organization) A PPO is a medical plan that uses a network of “Participating Providers” who charge discounted fees for medical services and cannot balance bill due to contractual agreements. You may choose to see any medical provider whether in or out-of-network — and no referrals are necessary. However, when you choose a participating provider, you will typically receive plan-negotiated discounts in addition to a higher level of in-network benefits.

- To locate a participating provider in your area:
 - www.bcbsil.com/foundations

Call BCBSIL at 1-866-563-8366.

Highlights of PPO Medical Plans - 2009

	Premium PPO Plan		Standard PPO Plan		Consumer Choice PPO Plan	
Pre-Existing Condition Exclusion	None		None		None	
Out-of-Pocket Expenses	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Individual: \$400 Family: \$800 Maximum		Individual: \$1,000 Family: \$2,000 Maximum		Individual: \$2,700 Family: \$5,450 (Full family deductible must be met before plan starts to pay.)	
Annual Out-of-Pocket Maximum (Includes deductible)	Individual \$1,600 Family \$3,200	Individual \$2,000 Family \$4,000	Individual \$3,000 Family \$6,000	Individual \$4,000 Family \$8,000	Individual \$2,700 Family \$5,450	Individual \$5,400 Family \$10,900
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinsurance Paid After Deductible (Applies to all professional services except those noted below.)	You Pay 20%	You Pay 40%	You Pay 20%	You Pay 40%	Plan Pays 100%	You Pay 40%
Office Visit Copays (Copays do not apply to deductible or out-of-pocket maximum)	You Pay 35%	Subject to Deductible and Coinsurance	You Pay 35%	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	
Lab work/ Professional Services	Subject to Deductible and Coinsurance		Subject to Deductible and Coinsurance		Subject to Deductible and Coinsurance, then Plan Pays 100%	
Emergency Room Visit Copayment	Subject to Deductible and Coinsurance		Subject to Deductible and Coinsurance		Subject to Deductible and Coinsurance, then Plan Pays 100%	
Wellness Benefit (Wellness benefits are not subject to frequency or age limitations)						

Routine Preventive Care	100% of Eligible Charges to maximum \$750 per participant annually – no deductible. Eligible Charges above \$750 subject to deductible and coinsurance	100% of Eligible Charges to maximum \$750 per participant annually – no deductible. Eligible Charges above \$750 subject to deductible and coinsurance	100% of Eligible Charges to maximum \$750 per participant annually – no deductible. Eligible Charges above \$750 subject to deductible and coinsurance
Periodic Preventive Services	100% of Eligible Charges – not subject to deductible or maximum	100% of Eligible Charges – not subject to deductible or maximum	100% of Eligible Charges – not subject to deductible or maximum

Benefit Limits

Maximum Lifetime Benefit (unless noted)	Unlimited	Unlimited	Unlimited
Substance Abuse Treatment	\$10,000 annual maximum \$20,000 lifetime maximum	\$10,000 annual maximum \$20,000 lifetime maximum	\$10,000 annual maximum \$20,000 lifetime maximum
Mental Illness	Outpatient – 45 visits per year Inpatient – 30 days per year	Outpatient – 45 visits per year Inpatient – 30 days per year	Outpatient – 45 visits per year Inpatient – 30 days per year
Chiropractic	\$2,000 per year per covered person	\$2,000 per year per covered person	\$2,000 per year per covered person
Hearing Aids	\$1,500 every three years per covered person	\$1,500 every three years per covered person	\$1,500 every three years per covered person
Temporomandibular Joint Dysfunction & related disorders	\$2,500	\$2,500	\$2,500
Physical, Occupational and Speech Therapy	\$5,000 per therapy type per year (does not include therapy for birth defects or developmental abnormalities)	\$5,000 per therapy type per year (does not include therapy for birth defects or developmental abnormalities)	\$5,000 per therapy type per year (does not include therapy for birth defects or developmental abnormalities)

Wellness Benefits

Wellness Benefits are provided under all three PPO plans and includes:

Routine Preventive Care

- 100% coverage of in-network eligible charges with no deductible up to \$750 annual maximum per covered person
- Eligible charges above \$750 per covered person are payable but subject to deductible and coinsurance

Routine Preventive Care includes:

- Routine physical exams (no limit on visits)
- Routine diagnostic tests (lab and x-ray)
- Routine eye exams (includes contact lens fitting and refractions)
- Routine hearing exams

Examples of Routine Preventive Care	
Routine Physical Exam	Annual Prostate Exam
Blood Pressure Screening	Flu Shot
Annual Mammogram	Annual Fasting Blood Sugar Test
Clinical Breast Exam	Annual Cholesterol Test
Annual Pap Smear	Tetanus-Diphtheria Booster
Well-Baby/Child Care	Routine Lab (blood, urine) Testing

Periodic Preventive Tests and Services

- Payable at 100% with no deductible and no annual maximum

Periodic Preventive Services under the Wellness Benefit are:

- Routine Sigmoidoscopy
- Routine Colonoscopy
- Bone Mineral Density
- Immunizations (excluding immunizations for foreign travel)

Wellness Benefits are not subject to age or frequency limitations.

Prescription Drugs

Farm Credit Foundations prescription drug coverage is administered by CVS/Caremark. The cost of your medication will vary depending on your medical plan election and the type of medication prescribed.

Prescription Drugs	Premium PPO Plan			Standard PPO Plan			Consumer Choice PPO Plan		
	Retail (30-Day Supply)	Retail (90-Day Supply)	Mail Order (90-Day Supply)	Retail (30-Day Supply)	Retail (90-Day Supply)	Mail Order (90-Day Supply)	Retail (30-Day Supply)	Retail (90-Day Supply)	Mail Order (90-Day Supply)
Generic Copay Preferred	\$10	\$30	\$20	\$10	\$30	\$20	Subject to Medical Deductible and Coinsurances		
Brand Copay Non-Preferred	\$35	\$105	\$90	\$35	\$105	\$90			
Brand Copay Preferred	\$60	\$180	\$150	\$60	\$180	\$150			
Lifestyle Drugs	100% of Discounted Price								
Diabetic Supplies	Diabetic supply kit (swabs, lancets, syringes and strips) are free when ordered with insulin prescription/refill (mail order and retail)								

Note: When a Generic Drug is available, but the Pharmacy dispenses the Brand Name Drug for any reason other than that the Physician indicated "dispense as written," you will pay the Brand Name Copayment (Non-Preferred or Preferred, as applicable) plus the difference between the cost of the Brand Name Drug and the Generic Drug.

Prescription Drug Categories

- **Generic Drugs**

A generic drug is identical, or bioequivalent to a brand name drug in dosage, safety, strength, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price.

- **Preferred Drugs**

These are prescription drugs that have been placed on a list of preferred drugs for a medical plan. The cost for preferred drugs is generally less than non-preferred drugs but higher than a generic drug.

- **Non-Preferred Brand Drugs**

These are medications that have been patented for name and chemical content. Once the patent expires, generic drugs with a different name but the same chemical make-up usually become available. Non-preferred drugs are all other prescription drugs that are not generic or on the list of Preferred drugs. Usually non-preferred named drugs are the most expensive and/or have a comparable drug that is either generic or on the preferred list.

- **Lifestyle Drugs**

These are prescription drugs that are not generally considered medically necessary. You will pay the full cost of the prescription after a discount has been applied. Lifestyle drugs are typically drugs that are prescribed for nonmedically necessary uses such as cosmetic Botox® and Propecia® for hair loss.

CVS/Caremark's Specialty Pharmacy

Prescriptions for certain medications (i.e., Specialty Drugs) may be filled through CVS Caremark's Specialty Pharmacy. Specialty Drugs are typically drugs that must be refrigerated, that have a short shelf-life, are bio-tech drugs, and/or are expensive medications that are not typically stocked by retail pharmacies.

2009 Full-Time Medical Plan Rates

Full-Time Medical Rates Per Month (Rates for Active Employees Who Work 32 or More Hours Per Week.)

Premium PPO Plan	Medical Plan Cost	Employer Subsidy	Employee Cost
Employee Only	\$400.00	\$320.00	\$80.00
Employee + Spouse/Domestic Partner*	\$801.00	\$601.00	\$200.00
Employee + Child(ren)	\$701.00	\$531.00	\$170.00
Family	\$1,201.00	\$881.00	\$320.00
Standard PPO Plan	Medical Plan Cost	Employer Subsidy	Employee Cost
Employee Only	\$351.00	\$320.00	\$31.00
Employee + Spouse/Domestic Partner*	\$702.00	\$601.00	\$101.00
Employee + Child(ren)	\$615.00	\$531.00	\$84.00
Family	\$1,053.00	\$881.00	\$172.00
Consumer Choice PPO Plan	Medical Plan Cost	Employer Subsidy	Employee Cost
Employee Only	\$287.00	\$320.00	\$0 (\$33.00 will be deposited in your HSA account)
Employee + Spouse/Domestic Partner*	\$573.00	\$601.00	\$0 (\$28.00 will be deposited in your HSA account)
Employee + Child(ren)	\$501.00	\$531.00	\$0 (\$30.00 will be deposited in your HSA account)
Family	\$860.00	\$881.00	\$0 (\$21.00 will be deposited in your HSA account)

*For plan purposes, a Domestic Partner means:

- Two unmarried adults at least 18 years of age of the same or opposite sex that are not related by blood that have lived together for more than six months in a exclusive committed relationship of mutual caring and financial support.
- Your share of coverage for your domestic partner will be deducted on an after-tax basis and the portion of the employer subsidy attributable to your domestic partner will be reported on your W-2 as taxable income.

2009 Part-Time Medical Plan Rates

Part-Time Medical Rates Per Month (Rates for Active Employees Who Work 20 - 31 Hours Per Week.)

Premium PPO Plan	Medical Plan Cost	Employer Subsidy	Employee Cost
Employee Only	\$400.00	\$160.00	\$240.00
Employee + Spouse/Domestic Partner*	\$801.00	\$300.50	\$500.50
Employee + Child(ren)	\$701.00	\$265.50	\$435.50
Family	\$1,201.00	\$440.50	\$760.50
Standard PPO Plan	Medical Plan Cost	Employer Subsidy	Employee Cost
Employee Only	\$351.00	\$160.00	\$191.00
Employee + Spouse/Domestic Partner*	\$702.00	\$300.50	\$401.50
Employee + Child(ren)	\$615.00	\$265.50	\$349.50
Family	\$1053.00	\$440.50	\$612.50
Consumer Choice PPO Plan	Medical Plan Cost	Employer Subsidy	Employee Cost
Employee Only	\$287.00	\$160.00	\$127.00
Employee + Spouse/Domestic Partner*	\$573.00	\$300.50	\$272.50
Employee + Child(ren)	\$501.00	\$265.50	\$235.50
Family	\$860.00	\$440.50	\$419.50

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- Two adults at least 18 years of age of the same or opposite sex that are not related by blood that have lived together for more than six months in a exclusive committed relationship of mutual caring and financial support.
- Your share of coverage for your domestic partner will be deducted on an after-tax basis and the portion of the employer subsidy attributable to your domestic partner will be reported on your W-2 as taxable income.

Dental Plan Options

Your dental plan is a Preferred Provider Plan administered by Delta Dental of Kansas.

Two levels of coverage are offered:

Basic Dental Plan

Provides benefits for diagnostic, preventive & basic care eligible charges (including exams, cleanings, fillings and X-rays).

Deductible	\$50 Per Person/\$150 Per Family
Preventive/Diagnostic	100% (Not subject to deductible)
Basic Services	80% (After deductible)
Major Services	Not Covered
Annual Benefit Maximum	\$750 Per Person

Comprehensive Dental Plan

Provides all of the above preventive/diagnostic and basic coverage, plus offers coverage for a more extensive range of dental care including orthodontia.

Deductible	\$100 Per Person/\$300 Per Family
Preventive/Diagnostic	100% (Not subject to deductible)
Basic Services	80% (After deductible)
Major Services	50% (After Deductible)
Annual Benefit Maximum	\$1,500 Per Person
Orthodontia	50% (After deductible)
Orthodontia Lifetime Maximum	\$2,000 Per Person

Preventive Services

- **Routine Dental Examinations**
Twice per calendar year
- **Cleaning**
Twice per calendar year
- **Topical fluoride application for children under age 19**
Twice per calendar year
- **Total mouth x-ray**
Once every 36 months
- **Bitewing x-rays**
Twice per calendar year

Basic Services

- **Restorations (fillings)**
Amalgam, silicate cement, acrylic and composite
- **Oral Surgery**
Extractions (uncomplicated surgical removal of an erupted tooth), incision/drainage of abscess, cyst or tumor removal
- **General anesthesia and postoperative care**
- **Periodontics**
Root planning/scaling, gingivectomy/gingivoplasty
- **Endodontics**
Root canals (including necessary x-rays/cultures, excluding final restoration), denture or bridge work repairs

Major Services

- Inlays and crowns
- Artificial teeth
- Removable bridge
- Dentures

Dental Network Savings

Both the Basic and Comprehensive Dental options are Preferred Provider Organization (PPO) plans administered by Delta Dental of Kansas. Delta Dental offers an extensive two-tier nationwide network of providers – the Delta Dental Premier Network and the Delta Dental PPO Network. The level of eligible charges (based on network discount) will vary depending on whether you use a network provider and/or the network in which your provider participates.

Delta Dental Premier Network

- Larger Network – 118,000 dentists in 163,000 offices
- Delta Premier Discounts
- No Balance Billing
- No Paperwork

Delta Dental PPO Network

- Smaller Network – 57,000 dentists in 88,000 offices
- Deepest Discounts
- No Balance Billing
- No Paperwork

Example of Preventive Payment (Not subject to deductible)			
Cleaning, Bitewing X-rays and Exam	Premier Network	PPO Network	Out-of-Network
Dentist's Charge	\$115	\$115	\$115
Delta's Maximum Allowance (MPA)*	\$108	\$91	\$82
Plan Pays 100% of MPA	\$108	\$91	\$82
Patient Coinsurance = 0% of MPA	\$0	\$0	\$0
Additional Amount Provider Can Charge (balance bill)	\$0	\$0	\$33
Total Patient Charge	\$0	\$0	\$33

Example of Major Procedure (Assume deductible has been met)

Crown	Premier Network	PPO Network	Out-of-Network
Dentist's Charge	\$725	\$725	\$725
Delta's Maximum Allowance (MPA)*	\$700	\$616	\$525
Plan Pays 50% of MPA	\$350	\$308	\$262.50
Patient Coinsurance = 50% of MPA	\$350	\$308	\$262.50
Additional Amount Provider Can Charge (balance bill)	\$0	\$0	\$200
Total Patient Charge	\$350	\$308	\$462.50

* *Maximum Allowable Charges (MPA) for a covered procedure means the fee established by Delta Dental. Delta develops the MPA from a number of sources, including but not limited to contract with dentists, input from dental consultants, the billed charges for the same procedures by dentists in that state, and other pertinent information. The MPA for in-network procedures ranges between approximately 70-80% of retail cost. The MPA for out-of network procedures ranges between 50-60% of retail cost. Other insurance companies or your dental provider may refer to this as "reasonable and customary" or R&C maximums. In addition, if a Delta Dental provider is used, the contract between the dentist and Delta Dental does not allow the dentist to bill you for the charges over the MPA (balance billing). However, using an out-of-network provider will put more of the cost on the participant because of the lower MPA and balance billing.*

2009 Dental Rates

Full-Time Dental Rates Per Month

(Rates for active employees who work 32 or more hours per week)

Basic Dental Plan	Dental Plan Cost	Employer Subsidy	Employee Cost
Employee Only	\$25.00	\$20.00	\$5.00
Employee + Spouse/Domestic Partner*	\$51.00	\$36.00	\$15.00
Employee + Child(ren)	\$44.00	\$31.00	\$13.00
Family	\$76.00	\$51.00	\$25.00
Comprehensive Dental Plan	Dental Plan Cost	Employer Subsidy	Employee Cost
Employee Only	\$39.00	\$20.00	\$19.00
Employee + Spouse/Domestic Partner*	\$77.00	\$36.00	\$41.00
Employee + Child(ren)	\$67.00	\$31.00	\$36.00
Family	\$116.00	\$51.00	\$65.00

Part-Time Dental Rates Per Month

(Rates for active employees who work between 20 and 31 hours per week)

Basic Dental Plan	Dental Plan Cost	Employer Subsidy	Employee Cost
Employee Only	\$25.00	\$10.00	\$15.00
Employee + Spouse/Domestic Partner*	\$51.00	\$18.00	\$33.00
Employee + Child(ren)	\$44.00	\$15.50	\$28.50
Family	\$76.00	\$25.50	\$50.50
Comprehensive Dental Plan	Dental Plan Cost	Employer Subsidy	Employee Cost
Employee Only	\$39.00	\$10.00	\$29.00
Employee + Spouse/Domestic Partner*	\$77.00	\$18.00	\$59.00
Employee + Child(ren)	\$67.00	\$15.50	\$51.50
Family	\$116.00	\$25.50	\$90.50

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- Two unmarried adults at least 18 years of age of the same or opposite sex that are not related by blood that have lived together for more than six months in a exclusive committed relationship of mutual caring and financial support.

- Your share of coverage for your domestic partner will be deducted on an after-tax basis and the portion of the employer subsidy attributable to your domestic partner will be reported on your W-2 as taxable income.

Vision Service Plan

Your Vision Plan through VSP offers coverage for you and your eligible dependents for eye exams, lenses, frames and contact lenses.

VSP pays for the majority of expenses for a number of services when you use a participating provider. Providers can be found on VSP's website, www.vsp.com.

Vision Service Plan benefits include:

- **Exam**
Once every 12 months
- **Frames**
Once every 24 months.
- **Eyeglass Lenses**
Once every 12 months
- **Contact Lenses**
Once every 12 months. Contact lenses benefit is not available in the same year lenses are purchased
- **Laser Vision Surgery** discounts available through network providers. See VSP website for more information.
- **Discounts** are available for frames, lenses and contacts if purchased in-network more often than benefit frequency. See VSP website for more information.

Vision Benefits Summary

In-Network Provider	
Eye Exam (every 12 months)	Plan pays 100% (after \$15 copay)
Eyeglass Lenses	100% for single vision, lined bifocal, or lined trifocal lenses (after \$25 copay)
Contact Lenses — Evaluation and fitting (every 12 months)	Plan pays up to \$150 after \$25 copay
Eyeglass Frames (every 24 months)	Plan pays up to \$150 allowance after \$25 copay
Laser Correction Surgery	Plan provides discount
Out-of-Network Provider	
Eye Exam (every 12 months)	Plan pays up to \$35 allowance
Eyeglass Lenses	Plan pays up to \$25 for single vision Plan pays up to \$40 for lined bifocal Plan pays up to \$55 for lined trifocal
Contact Lenses — Evaluation and fitting	Plan pays up to \$105
Eyeglass Frames	Plan pays up to \$45 allowance
Laser Correction Surgery	Not covered

2009 Vision Service Plan Rates Per Month (Full/Part-Time Employees)

VSP Plan	Employee Cost
Employee Only	\$10.94
Employee + Spouse/Domestic Partner*	\$17.18
Employee + Child(ren)	\$17.51
Family	\$28.25

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- Two adults at least 18 years of age of the same or opposite sex that are not related by blood that have lived together for more than six months in a exclusive committed relationship of mutual caring and financial support.
- Your share of coverage for your domestic partner will be deducted on an after-tax basis and the portion of the employer subsidy attributable to your domestic partner will be reported on your W-2 as taxable income.

Tax Advantage Accounts

You have access to various pre-tax accounts through Bank of America. Tax Advantage Accounts offer you a way to pay for your share of eligible expenses with pre-tax dollars. Your tax may be less if you pay for expenses with pre-tax dollars instead of after-tax income. The following accounts are designed to help you pay out-of-pocket health care and dependent care expenses on a pre-tax basis:

- Health Care Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (FSA)
- Limited Purpose Health Flexible Spending Account (FSA)
- Health Savings Account (HSA)

Review the features and benefits of each account to determine which combination is right for your personal situation.

Tax Advantage Accounts	Medical Coverage	Features
HSA	Consumer Choice PPO	<ul style="list-style-type: none"> • Contribute through payroll deduction in addition to your employer's premium rebate contribution. You may also make personal, after-tax contributions and file for an income tax deduction for 2009 • Maximum 2009 contribution is \$3,000/individual and \$5,950/family (this includes premium rebates from your employer). Catch-up HSA contribution for individuals age 55 or older is \$1,000. • Use pre-tax contributions now and/or save and invest for future health care expenses. You will earn interest on your cash account and once you have \$1,000 or more in your account, you can invest in mutual funds • Your HSA is portable and belongs to you • There is no "use it or lose it" rule • You can also enroll in a Dependent Care FSA and Limited Purpose FSA • For a comprehensive list of eligible expenses visit www.IRS.gov (Publication 502)

Limited Purpose FSA	Consumer Choice PPO	<ul style="list-style-type: none"> • Provides pre-tax savings limited to dental and vision expenses such as orthodontia, deductibles, coinsurance, eye examinations, prescription glasses and more. Visit www.IRS.gov to review eligible dental and vision expenses • Combines with the Consumer Choice PPO and HSA programs • \$2,500 plan year maximum • “Use it or lose it” rule applies • Pre-tax payroll deductions are automatic • You can also enroll in a Dependent Care FSA
Health Care FSA	Premium PPO Standard PPO Other Coverage (i.e., HMO coverage or coverage through a spouse.)	<ul style="list-style-type: none"> • For a comprehensive list of eligible expenses visit www.IRS.gov (Publication 502) • \$5,000 plan year maximum • “Use it or Lose it” rule applies • Pre-tax payroll deductions are automatic • Not available to HSA participants
Dependent Care FSA	NA	<ul style="list-style-type: none"> • For a comprehensive list of eligible expenses visit www.IRS.gov (Publication 502) • \$5,000 plan year maximum • “Use it or Lose it” rule applies • Pre-tax payroll deductions are automatic

Important Tax Information

- If you are reimbursed for an expense from a Tax Advantage Account, you cannot claim that expense as a deduction on your federal income tax return.
- Some states do not recognize contributions as pre-tax. If you live in those states, you will be subject to state tax on your contributions, though you will not be subject to federal income tax.
- Keep all receipts for expenses because substantiation (proof that expense is an eligible expense according to the IRS) is required by our vendor, Bank of America and the IRS.

Dependent Care Flexible Spending Account

The Dependent Care Flexible Spending Account reimburses you for expenses associated with the care of a dependent while you and/or your spouse work or attend school. You may contribute up to \$5,000 a year to this account. If you are married and file income taxes separately, your contributions to the Dependent Care Account are limited to \$2,500 annually.

If you are married and file income tax jointly, the total amount both you and your spouse can contribute combined to a Dependent Care account is \$5,000, under IRS rules.

Your eligible dependents include:

- Your dependent children under age 13
- Your spouse who is physically or mentally unable to care for himself or herself
- Other dependents (such as elderly parents) who are physically or mentally unable to care for themselves

Eligible Dependent Care expenses include:

- Day care provided in a home, day care center or preschool, subject to certain legal requirements
- Adult day care facility
- Before- and after-school expenses through grade school for children under age 13
- Nanny or au pair
- Care for children when they're sick and you're at work
- Summer day camp

Dependent Care expenses must be incurred during your participation in the plan and cannot be paid in advance or with funds not yet contributed to your account.

Health Care Flexible Spending Account

You may contribute up to \$5,000 a year to the Health Care Flexible Spending Account if your medical plan is one of the following:

- Premium PPO Plan
- Standard PPO Plan
- Other medical coverage (i.e. HMO Plan or coverage through spouse)

Qualified expenses eligible for reimbursement with Flexible Spending Accounts include:

- Deductibles and copayments not covered by insurance
- Prescription drugs not covered by insurance
- Eyeglasses and contact lenses
- Hearing aids
- Certain medically required supplies and equipment
- Your portion of orthodontic expenses
- Certain over-the-counter drugs and supplies
- Advance reimbursements for orthodontia and durable medical equipment can be made at the time of billing or purchase.
- All other FSA eligible reimbursements remain payable based on the time the charge was incurred.

Limited Purpose Health FSA

If you enroll in the Consumer Choice PPO Plan with Health Savings Account for 2009, you can participate in the Limited Purpose Health Flexible Spending Account. This pretax feature allows you to save up to the IRS limit in your Health Savings Account while contributing up to \$2,500 (pre-tax) per calendar year for non-medical reimbursable expenses such as dental or vision charges not covered under a group plan.

Qualified expenses eligible for reimbursement with a Limited Purpose Health Flexible Spending Account include:

- Dental and vision deductibles and copayments not covered by insurance
- Eyeglasses and contact lenses
- Your portion of orthodontia expenses
- Certain over-the-counter drugs and supplies such as contact lens solution

Health Savings Account (HSA)

An HSA is a Health Savings Account that allows you to save money in a tax-free* account. Because these accounts have certain tax advantages you must meet the following IRS requirements to be eligible and qualify for an HSA:

- Participate in a qualified high deductible health plan (HDHP), such as Consumer Choice
- Have no other medical coverage (unless it is also a qualified HDHP)
- Are not enrolled in Medicare
- You are not claimed as a dependent on someone else's tax return

An HSA is a health care savings account that provides a three-way tax advantage

- You can contribute to the account on a tax free basis – and receive monthly employer premium rebate credits. You decide when to spend or save your deposits.
- Your account earns interest income right away - tax free! When you have a minimum account balance of \$1,000, you can choose to invest in a wide selection of mutual funds offered through Bank of America's program;
- When you withdraw your funds to pay for eligible health care expenses, they are typically tax free.

The money in your HSA can be used on a tax-free basis to pay for:

- Your medical plan deductibles
- Eligible health care expenses not covered by insurance (IRS Publication 502)
- Health expenses during retirement
- You can use your money for any purpose (subject to income and penalty tax if it's not an eligible expense)
- After reaching age 65, you can use HSA savings for any purpose (subject to normal income tax)

HSA Contributions

The annual maximum HSA contribution allowed for 2009 is \$3,000 for individual (Employee only) and \$5,950 for Family Coverage (all other coverage tiers). If you are 55 or older in 2009 you can contribute an additional \$1,000 "catch-up" contribution.

Maximum contribution amounts include medical premium rebates but not HSA rollover funds from previous years. Unused funds are not forfeited; money not used in the account will roll forward from year to year.

Tax Form Filing

The IRS requires you file a Form 8889 with your federal tax return if you made contributions or took withdrawals from an HSA during the tax year.

A Health Saving Account Offers You

- **Flexibility**
Unused money rolls over from year to year
- **Portability**
Money in your account goes with you if you retire or leave the company
- **Value**
Account is tax-free* and contributions up to the federal limit can be made each year. In addition, HSA money can be invested.

Accessing Your Tax Advantage Accounts

After you elect a tax advantage account, Bank of America will send you a Welcome Kit which provides simple instructions for setting up your on-line account and establishing a User ID and Password.

Visa Debit Card

When you enroll in the HSA, Limited Purpose Health FSA or Health FSA you will receive a Debit Card. You can use your Debit Card for HSA and FSA expenses at most pharmacies and physician offices wherever FSA debit cards are accepted.

New FSA Regulations

Debit Cards

If you use your debit card to pay for eligible purchases from your HSA, Limited Purpose FSA or Health Care FSA, the following new rules apply for 2009:

Debit card can only be used:

- At a merchant who has an inventory information approval system (“IIAS”) in place, or Pharmacies that can show more than 90% of its receipts come from the sale of products that are reimbursable under an FSA.
- If you use a pharmacy to make purchases where the debit card will not be recognized, you can pay cash and file a claim.

^ VISA Debit Card for HSA Participants

- Save your receipts – you may have to show the IRS the expense was qualified.
- Your HSA account balance must have sufficient funds in order for you to be reimbursed for your expense. Otherwise the transaction may not process properly or you could be charged an overdraft fee, or both.

VISA Debit Card for FSA Participants

- Save your receipts – you may have to show the IRS the expense was qualified.
- Most health care claims will be substantiated at time of checkout. If approved, you will be paid up to the plan year contribution amount you have elected – even if you do not have those funds yet available. You will be advised through your online account site whether further substantiation is required.
- Dependent care expenses can not be reimbursed through the debit card. Log into your account at www.bankofamerica.com/benefitslogin for payment options.

Online Account Management

Your Bank of America Welcome Kit provides easy instructions for setting up your on-line account, which will provide you access to your account 24/7. Online account management allows you to:

- View your account activity and balance online.
- Request an electronic check, one time or recurring bill payments, such as orthodontia.
- Invest and manage your funds.
- Update your contact information.
- Order additional Debit Cards.
- Invest and Save for Your Financial Future: Bank of America offers an array of mutual funds with varying risk spectrums. You can invest in these funds once your Account balance is above \$1,000. Fund information is available on Bank of America's website.

Voluntary Accidental Death & Dismemberment Insurance

Voluntary AD&D Coverage - Employee: You can purchase optional coverage for yourself in increments of \$25,000 up to ten times your base salary, to a maximum of \$750,000. You may also choose family coverage, which includes coverage for yourself, your spouse and your dependent children.

Voluntary AD&D Coverage – Family Coverage: Based on your Voluntary AD&D coverage and depending on your family situation at the time of the incident, the coverage percentage for your family would be as follows:

Family Coverage	Spouse Coverage (% of employee coverage)	Child(ren) Coverage (% of employee coverage)
Spouse Only	60%	NA
Spouse and Dependents	50%	15%
Dependents Only	NA	20%

Cost for Voluntary AD&D Insurance

	Monthly Cost
Employee Only Voluntary AD&D Insurance	\$0.021 per \$1,000
Family Coverage Voluntary AD&D Coverage	\$0.032 per \$1,000

Long-Term Disability (LTD) Insurance

Your employer provides you with LTD coverage equal to 66.67% of your total compensation to a maximum monthly benefit of \$20,000. You automatically receive this coverage and do not need to enroll. LTD benefits begin after you have been disabled for six months (180 days). LTD benefits are offset by any disability benefits you receive from certain other sources, such as Social Security and Workers Compensation. Any benefit you receive will be increased each year you are disabled with a 3% cost-of-living adjustment (COLA).

So that Long-Term Disability benefits will be tax-free upon receipt, an after-tax deduction will be taken from your paycheck and your employer will "cancel out" your deduction with a reimbursement on the same paycheck.

Term Life Insurance and Accidental Death & Dismemberment Insurance Options

Basic Employee Term Life and Accidental Death & Dismemberment (AD&D) Insurance

Your basic life insurance coverage is a term life policy. AD&D coverage pays benefits to you or your beneficiary(ies) if you die or are injured as a result of an accident. You automatically receive life and AD&D insurance coverage of one times your total compensation. This coverage is provided by your employer at no cost to you.

Business Travel Accident Coverage

Business Travel Accident coverage pays benefits to you or your beneficiary(ies) if you die or are injured as the result of an accident while you are traveling on business. You automatically receive business travel accident coverage of three times your total compensation. This coverage is provided by your employer at no cost to you.

Optional Basic Employee Term Life and AD&D Insurance Coverage

You can purchase a benefits package that includes additional life insurance and AD&D coverage for yourself of one times your total compensation.

If you do not enroll in Optional Basic Term Life when you are first eligible evidence of insurability will be required for future participation.

	Monthly Cost
Optional Basic Employee Term Life and AD&D	\$0.145 per \$1,000

Plan Maximums

- Maximum coverage for Basic and Optional Basic Employee Term Life Insurance is \$1,500,000.
- Maximum coverage for Employer paid AD&D and Employee paid AD&D coverage is \$2,000,000 combined per insured person.

Child Term Life Insurance

Life insurance coverage is available for eligible dependent child(ren).

Coverage Amount	Monthly Rate
\$5,000	\$0.60
\$10,000	\$1.20
\$15,000	\$1.80
\$20,000	\$2.40
\$25,000	\$3.00

Group Universal Life Insurance Coverage

Group Universal Life Insurance Coverage is an insured policy through Minnesota Life.

Employee Coverage

- You have the opportunity to elect GUL coverage in multiples of one to ten times your Total Compensation*, to a maximum of \$1,500,000.
- GUL coverage of one times your Total Compensation up to a maximum of \$500,000 is guaranteed — no health questions or medical exam required — as long as you elect coverage within 45 days of your hire date or within 31 days after your date of marriage.

* Total Compensation is equal to your current base salary plus all prior year variable pay. As a new hire your Total Compensation is your current base salary.

Coverage for Your Spouse

Your spouse is eligible to elect GUL coverage in increments of \$25,000 up to \$250,000. Spouse GUL coverage of up to \$50,000 is guaranteed — no health questions or medical exam — as long as you elect coverage within 45 days of your hire date or within 31 days after marriage.

Cash Value Account

In addition to life insurance protection, GUL gives you the option to set aside money in the cash value account. With GUL, the money earns a fixed rate of interest and grows tax-deferred — you don't pay taxes on any earnings unless you withdraw more than you've contributed.

Group Universal Life Insurance Rates

Age	Monthly Cost	Age	Monthly Cost
Under 25	\$0.038 Per \$1,000	50-54	\$0.165 Per \$1,000
25-29	\$0.038 Per \$1,000	55-59	\$0.270 Per \$1,000
30-34	\$0.045 Per \$1,000	60-64	\$0.420 Per \$1,000
35-39	\$0.050 Per \$1,000	65-69	\$0.683 Per \$1,000
40-44	\$0.075 Per \$1,000	70-74	\$1.665 Per \$1,000
45-49	\$0.105 Per \$1,000	75 over	\$2.530 Per \$1,000

GUL Online Enrollment is Easy

Log on to www.LifeBenefits.com using your User ID and initial password:

- Your User ID and initial password
 - User ID: FC plus your six digit Ceridian Clock Number (e.g., FC123456) (Note: Your Ceridian Clock Number is provided to you by your Farm Credit HR Representative).
 - Initial Password: Your date of birth plus the last four digits of your Social Security number (e.g., MMDDYYYY####).
- Social security number for you and your spouse
- If you are enrolling for coverage over your guaranteed issue amount, you will need:
 - Name and address of physicians, hospitals and clinics visited in the past three years.
 - Reason for visits, diagnosis, etc.
 - Full name and Social Security number of any beneficiary you wish to designate.

Follow the instructions on the website to enroll for Group Universal Life insurance for yourself and/or your spouse and designate your beneficiaries. Online Enrollment Questions: Contact Minnesota Life at 1-800-843-8358.

AFLAC

Your employer offers a Supplemental Cancer Policy through AFLAC. Coverage election options:

- **Single Coverage**
Yourself or your spouse
- **1 Parent Coverage**
Coverage for you or your spouse and child(ren)
- **Family Coverage**
Coverage for your entire family.

This coverage includes a Personal Cancer Indemnity Plan with Wellness Benefits as well as an Optional Specified-Disease Benefit Rider covering more than [30 specified conditions](#).

AFLAC coverage is offered as a group benefit, however, if you enroll you will be covered under an individual policy that is portable should you leave your employment.

Payroll deductions for premiums will be taken on a pre-tax basis. The cost for AFLAC coverage varies by State. Contact AFLAC directly at www.kansas-afl.com/foundations for cost information.

Defined Contribution/401(k) Plan

Your employer provides you with access to a Defined Contribution / 401(k) Plan through New York Life Retirement Plan Services. Your Plan offers a range of investment options, including:

- Various Mutual Funds (Public Investment Funds open to all investors)
- Commingled Funds (typically only available to participants in company sponsored retirement plans)
- Separately Managed Accounts (portfolios of securities that are managed by a registered Investment Manager exclusively to participants in the Farm Credit Foundations 401(k) Plan)
- Self-directed brokerage

Plan Highlights for New Hires (Hired January 1, 2007 or later)

Entry Date	As a new hire, you are eligible to participate in the 401(k) plan once you receive your first system generated paycheck. Fixed employer contribution is deposited into your 401(k) account at New York Life Retirement Services.
To Enroll	Go to New York Life's website www.bcomplete.com or call the Participant Service Center at 1-800-294-3575 Monday through Friday from 9:00 a.m. to 8:00 p.m. (Eastern Time).
Automatic Enrollment (New Hires)	<p>If you do not elect to contribute to or waive participation in the 401(k) plan, automatic enrollment will commence after 45 days from date of hire.</p> <ul style="list-style-type: none"> • 3% pre-tax contribution (with automatic 1% annual increases until contribution is equal to 15%) • Default Investment Fund – age appropriate Target Investment Fund • If you do not want to participate in the 401(k) plan, you must opt out by contacting New York Life Retirement Services
Fixed Employer Contribution	Fixed Employer Contribution = 3%
Employer-Matching Contribution	Employer Match = \$1 for \$1 match on the first 6% you save of total compensation
Maximum Employer Contribution	9%
Minimum Deferral Amount	1%
Maximum Deferral Amount	75%

Contribution Options	<ul style="list-style-type: none"> • Pre-Tax Contributions – Reduce your taxable income. Subject to taxation upon withdrawal. • After-Tax Contributions – Pay taxes on contributions now (investment earnings subject to taxation upon withdrawal). • Roth 401(k) - In addition to elective pre-tax and after-tax elective contributions, you are able to designate some or all of your elective contributions as after-tax Roth 401(k) contributions. While both the elective pre-tax contributions and the after-tax Roth 401(k) contributions are subject to the Internal Revenue Service contribution limits, this feature provides another valuable option to save for your future.
Vesting	25% each year on anniversary date; fully vested after 4 years
Loans	Maximum of 2 - 1 general purpose and 1 home loan; or 2 general purpose

Automatic 401(k) Enrollment for New Hires

If you do not make an active election to contribute or opt out of the 401(k) plan, you will be enrolled automatically as soon as administratively possible following 45 days after your date of hire. Three percent of your salary will be automatically deducted on a pre-tax basis from your paycheck and contributed to the plan. Thereafter, your contribution rate will increase by 1% each year on the anniversary date of your participation until your contribution equals 15% of your pay.

To enroll, increase or decrease your contribution, or waive participation in the plan, go to Benefits Complete at www.bcomplete.com.

401(k) Plan Features

- **Pre-Tax Contributions**

You can contribute between 1% and 75% of your pay on a pre-tax basis.

- **After-Tax Contributions**

You may also make after-tax contributions to the plan of 1% to 75% of your pay. Your pre-tax and after-tax combined contributions cannot exceed 75% of your pay for the year.

- **Roth 401(k)**

In addition to elective pre-tax and after-tax elective 401(k) contributions, you are able to designate some or all of your elective contributions as after-tax Roth 401(k) contributions. While both the elective pre-tax contributions and the after-tax Roth 401(k) contributions are subject to the Internal Revenue Service contribution limits, this feature provides another valuable option to save for your future.

Auto Rebalancing

Rebalancing is the process of adjusting your investment balances to bring them back to your original asset allocation. Over time, differences in investment performance may shift your account away from your desired asset allocation strategy. Asset classes associated with higher degrees of risk tend to have wider range of returns than less volatile asset classes. For this reason, a portfolio of fund choices that is not rebalanced periodically may become out of line with your intended allocation and risk tolerance.

The automatic rebalancing feature lets you choose a rebalancing period of three, six or 12 months. Once you enroll, you can have your existing account balances and future contributions automatically rebalanced in line with your desired asset allocation at the frequency you elect. Your existing account balances and future deposits will be allocated, by percentage, to the plan's investment options you have chosen.

Beneficiary Designation

As a participant in the 401(k) plan, you are able to elect, update or change your beneficiary designation directly with New York Life Retirement Plan Services. You have two ways to enter and update your beneficiary designation for the 401(k) plan:

- **Online:** You may enter your beneficiary designation online by logging onto the website at www.bcomplete.com
- **Telephone:** You may also provide your beneficiary election information by calling the New York Life Participant Service Center at 1-800-294-3575. Participant Service Center Representatives are available from 9 a.m. to 8 p.m. (Eastern) on New York Stock Exchange business days.

Benefits Vendor Directory

Coverage	Vendor Information	Comments
Medical Plan Premium PPO Plan Standard PPO Plan Consumer Choice PPO Plan	BlueCross BlueShield of Illinois www.bcbsil.com/foundations 1-866-563-8366 24/7 Nurseline: 1-800-299-0274 Overseas: 1-800-810-2583	<ul style="list-style-type: none"> • ID card(s) contain BCBS ID and group number • All ID cards will have employee's information (ID cards not specific to each enrolled participant)
Dental Plan Basic Plan Comprehensive Plan	Delta Dental of Kansas www.deltadentalks.com 1-800-234-3375	<ul style="list-style-type: none"> • ID card(s) contain ID and group number • All ID cards will have employee's information (ID cards not specific to each enrolled participant)
Prescription Drug Plan	Caremark www.caremark.com 1-800-565-5827	Rx information included on one Medical Rx ID card from Blue Cross Blue Shield
Vision Service Plan	www.vsp.com 1-800-877-7195	No ID card for this benefit; confirm coverage by calling VSP
Tax Advantage Accounts Health Care FSA Limited Purpose FSA Health Saving Account (HSA)	Bank of America www.bankofamerica.com/benefitslogin 1-866-791-0250	Debit card and online banking available; no claim forms
Dependent Care FSA	Bank of America www.bankofamerica.com/benefitslogin 1-866-791-0250	Online banking; no claim forms
Life Insurance Basic Term Life and AD&D Optional Basic Term Life and AD&D Child(ren) Term Life Group Universal Life	Minnesota Life www.lifebenefits.com 1-800-843-8358	Beneficiary designations completed online

Travel Assistance	Hartford U.S. or Canada: 1-800-243-6108 International: 1-202-828-5885 (call collect)	Pre-trip information, emergency medical assistance and personal assistance while traveling
Employee Assistance Program	MagellanHealth EAP www.magellanhealth.com 1-800-937-2112	Participation in Magellan EAP varies by employer; check with your HR representative/benefit contact
Defined Contribution/401(k) Plan	New York Life Retirement Services www.bcomplete.com 1-800-294-3575	Beneficiary designations completed online
Supplemental Cancer Policy	AFLAC www.kansas-afl.com/foundations	Enroll online