

**OCTOBER 21, 2009 MINUTES OF THE OMAHA WORKS RETIREE GROUP
AT THE IBEW UNION HALL**

CALL TO ORDER: Lyle Nicholson called the meeting to order at 10 A.M.

PLEDGE OF ALLEGIANCE: We all stood for the pledge of allegiance.

ROLL CALL: Present were Lyle Nicholson, Dan Kovar, Pauline Lieth, Andy Barges, Jim Filipiak, John Barnes, Howard Clark, Bill Love, John Pinkerton, Mary Jo Pinkerton, Edie Riestler and Ray Sempek. Absent was Cheryl Todd.

DECEASED RETIREES: A list of deaths was announced since our July 15, 2009 meeting. The attendees were asked if they had any additional names of deaths. We all stood for a moment of silence.

MINUTES: The secretary read a summary of the July 15th minutes. All the minutes are open for the retirees to see at any time and they will be posted on our web site omaluvcs.org. A motion was made to accept the minutes as read, seconded, all ayes and motion carried.

TREASURER'S REPORT: Andy gave the following report; Beginning balance as of July 15, 2009 is \$1930.48, expenditures were: Alliance for Retired Americans #25.00, Hall Rental \$100.00, Mail Box Rental \$87.00, Web Site \$99.00, Office Supplies \$62.40, Deposits \$512.00, leaving a final balance of \$2086.08. Motion was made to accept the treasurer's report, seconded, all ayes and motion carried.

NEW BUSINESS: Lyle changed the order on our meeting outline and went out of order to go directly to Bryan Flickinger, Lucent Healthcare Coordinator.

Bryan Flickinger:

Did everyone get their Open Enrollment Packet? I only deal with Lucent and I don't have anything on Avaya or the Connectivity, this is strictly Lucent information. Hopefully everyone got their Open Enrollment Packet, the big yellow packet that came in the mail and we will start there. If there is any changes it will be in there. He reminded us that we need to remember our password and it is time to get those things in order. Open Enrollment starts October 26th (interruption with – there were 3 cars parked in a no parking zone out in front – we don't want you to get a ticket so please go move them). Instructions are on the first page and also it is your default sheet. Several of us don't have internet access at home but there is internet access at our library's, schools, book stores and this is by far the easiest way to go in and check to see if everything is correct. The packet has a lot of information in there and it can be overwhelming, if you go to the guide that will be helpful and it tells you what you may want to look at and what you don't need to. He wanted us to go to Benefit at a glance and in there it tells us what our coverage is for everything from acupuncture to prescription drugs, to surgeries, it's all in there so you have an idea what your coverage is. In most cases you have Traditional Indemnity of HMOs. You may have a HMO in your area then it is under the HMO benefits. If it's under the POS or Traditional Indemnity it's in there. You want to hold on to this all year so that if something comes up and you want to see what you're out of pocket will be. You can see if you are covered at 80%, 90% as to Medicare.

Going now to 2010 changes, there won't be a change in the premium for the Lucent participants. We did move the mental health and chemical dependency over into the medical benefits, you won't see any difference there from your Doctors but what you will see there are not two separate out-of-pocket so it's all one \$1500 out-of-pocket for mental health, chemical dependency, hospitalization. In most cases it will be a good change.

A lot of you have seen the advertisements with Liberty, diabetic supplies, that's the program we're talking about. It's always been there but all of this time your retiree health care plan has been paying for those prescriptions because there was no easy way to bill Medicare. We have come up with a way to that and this is what this plan is all about. We will be using Liberty through Medco and the proper billing will occur and it will be billed back to Medicare B. When you get your supplies will not see a co-pay factor. The Liberty he was talking about will be part of the Medco plan and we will be getting a form in the mail to fill out and turn in so they can bill Medicare B. Once that form is signed and turned in when we go to the pharmacist there will be no trouble.

Remember you can always call your committee here or him if a question comes up. They are two separate things and your life insurance is through Met Life and it is at least a year's salary up to the age 65 to half a year's salary at the age of 70. That half a year's salary stays there as long as you are alive. That amount can be set up to whoever you want as your beneficiary. The death benefit is through the Pension Service Center. You can not set your beneficiaries. It can go to dependent children living with you in the home and that is with you till you die. Two entirely different places to call: One thing to do every year or every other year or so is to check and see who is up to date on your beneficiary with your life insurance because we have had cases where they are dropped. Question was do you call up the Pension Center if a person loses their spouse and remarries should they call up the Pension Center and tell them of their new spouse? The answer is yes, never trust another source, do that yourself and call the Pension Center and give them that information.

I don't think there is going to be any increase in your Social Security. How United Healthcare works while you are on Medicare. The most common call he gets is that United is not paying anything. When you start a new year, January 1 with Medicare is your primary and UHC is your secondary. You also have a deductible with United 2.5% of your pension and for most of us it's about \$250 to \$280 dollars. United won't pay anything until you hit that out-of-pocket after that you will pay 10% United pays 10% and Medicare pays 80% on almost everything – there are a few preventative things that United will pay only at 80% so they won't pay anything on those types of things that is in your list in benefits at a glance- it's in there. Most things that are prescribed by the doctors they will pay at 90% so you pay 10% Medicare pays 80%. If any of you have had major surgery your doctor bills, your hospital bills are \$250,000 or more the most you will pay out-of-pocket is that \$1500 dollars deductible. The biggest mistake is that they pay way too soon; the first thing that happens is Medicare cuts that huge bill by half and no one pays that, then Medicare pays its 80% then they turn it over to United. Then they argue about it and then they pay. If you are paying within 3 months or so it is probably too soon. Your deductible adds up all in one year so if you can get it cut off in that year. Medicare usually pays within 6 weeks. If United does not pay then call Bryan and they can always re-bill. He recommends we don't pay until we get all of your benefits that tells you what your portion is from United, so wait. There is what you call a Medicare crossover and what this does is speed up the billing process between Medicare and United and it really cuts down on the amount of time. What you do is call United and ask for your Medicare crossover and they can do that for us. Most hospitals take United Healthcare in the United States. The Medicare crossover is permission for Medicare and United to trade information so they don't have to wait on the lab, the hospitals and such.

Medicare gets the bills, cuts them in half and then sends it over to United and this is usually done within 3 months. This does not change the amount we are going to pay it just speeds up the procedure. If you change carriers, such as changing to a HMO this year then you came back to United you must do it again – Medicare crossover – you must use that term. You may call Bryan anytime, his number and e-mail address is on the board to our left and on the back of the Meeting Schedule you picked up when you entered the door on the contact information side. If you don't reach him personally leave your name and telephone number and he will get back with you. He will not click over if he is already on a call so don't assume he is not there he will get back with you if you leave your information.

Explaining the OCC: It is a separate insurance policy, it covers blood derivatives, long stays in a hospital, surgical facility, things that are not normally covered by your medical plan. Everyone has a base \$50,000 provided by Lucent, a one time buy-up at the time of retirement. If you haven't done it you can still do it at \$200,000 additional, very few use more than \$50,000. It is with United and when it needs to kick in they will do that. You can go down in coverage, but once you have bought up you can never increase it. If you have it they do not drop it unless you tell them to drop it. It's on your election sheet and it is shown how much you have taken out for it. Remember the first \$50,000 is paid by Lucent. If you opt out, which you can do any time tell them you want to opt out, don't drop it completely. If you opt out you can get back in, but not if you drop it completely. Ask for a supervisor if you don't understand what the person you are talking to is not telling you the correct information or you don't understand what they are saying. Only the retiree can make these options, not anyone else for them. For instance if the wife did not work there she can not make any changes, only her husband that is the retiree. The wife and the husband can have two separate amounts of OCC coverage and they both have the options available to them.

The JRHC meet every year, Bryan is part of this committee of eight and they meet in April, May and June. We look at the cost of previous years and the expected cost of the future years, they look at the amount of money that they have in the fund, and they look at the amount of money that is going to be put into the fund. There is a certain amount of money per person that goes into the fund that they have to spend, which is not an arbitrary number, which is a set number by contract. They spend over \$200,000,000 million a year out of the fund. JRHC goes over all the benefits and see if they can make anything more efficient; one thing they looked at this year was air transport, if you are out hiking and you got hurt and had to be transported out by helicopter they had a cap on that at \$5,000 dollars. Air transport like that is around \$20,000 dollars so they fixed that and there is no longer a cap. These are the things that they try and do so that the benefits are staying at the current pricing. One of the biggest issues that they look at every year is dental. Two visits a year and they are looking at making this more useful. The largest part of the whole thing is the monies; watch the bill, and how they deal with that. The premiums coming in and the Medicare B reimbursements going out are all part of the JRHC and the talks that they have. These meetings are what help Bryan to know what's taking place and if we have any good ideas communicate with him, he takes it to the committee. Medco drugs are purchased from companies that are licensed here in the United States; Medco does not produce any drugs themselves. There is no way of knowing where they come from, Canada, England, or anywhere. They are FDA approved and that is the only safety we have there. They check the manufacturing and sample drugs as they come in by brand name and some of the brand names come in from different companies. It is very difficult to know where all the drugs come from.

There are several programs within Medco and Bryan gets a lot of calls when the co-pay started doubling at the local pharmacy, Medco is our prescription plan, its not Walgreens, its not Target, or any other, it is Medco and that is our best cheapest route. Use Medco if you can. Some of the

programs are geared to help with that. That extra co-pay that we pay goes to pay those pharmacists for doling out that drug, it does not add into that \$1500 dollars out-of-pocket either it is an additional cost that you're covering there. Use the mail order if you can, we have had problems with unprotected mail boxes, they have had people messing with the mail, see if there is someone you know that has a good mail box or get a mail box at the Post Office. It saves us money in our pocket and it saves our plan money.

Generics, Medco has low cost generics, it's about 400 drugs and it matches what you see in Walgreens, Wal-Mart, so you might as well get them by mail order through Medco. If you get a prescription for \$4 or 90 days supply for \$10 dollars you can just keep doing that, but you can change if you want. If UPS doesn't deliver your prescriptions on time, and when they do get there, just call Bryan and they will work that out and see to it.

It actually is not double co-pay; it is a co-pay and an equal amount of penalty because that penalty does not add into that \$1500 dollars out-of-pocket, but anything after a 3rd refill on anything that is listed as a maintenance drug that you are going to be taking like a high blood pressure medicine, diabetic supplies, long term medications; anything after that 3rd refill will double in price at the local pharmacy. They are going to give you all kinds of excuses, but mostly they will tell you its Medco's fault. Because that cost that you are incurring there at the local pharmacy has to be made up some way.

1. Question: On Diabetes and Medco - Does Liberty pay for supplies such as needles and testing supplies? Are Diabetic Medicines included?

Answer: Medicare B will pay 80% and you will pay the 20%. You have to wait to get the program set up through Medco before you get the zero co-pay. As far as he knows Medco is the only one setting it up that way, no other company is doing that. Medco is having some problems with their computers accepting zero co-pay it does not believe in it. They are working on it and it is suppose to come out the first part of December. Anyone using Diabetic supplies you will get a notice in the mail or you can call at a later date or you will get a notice from your local pharmacy as soon as they get their computers ready.

Question: Do you go through Liberty or Medco?

Answer: You have to go through Medco to get into the Medco Liberty Plan in order to get the zero co-pay.

Question & Answer: You can not be in both Medicare D and Medco. If you are in Medco that is through Medicare B:

Question: Diabetic Supplies:

Answer: There is a huge list of Diabetic supplies, strips, different types of needles, all the information and if you are already using them you will get a letter from Medco saying specifically for you and how to change them over.

2. Does UHC or Medco pay for Shingles shots: Does it have to be authorized first?

Answer: Ray help me out if he gets it wrong. The way he understands it if the doctor prescribes it UHC will pay for it. If you go in for a preventative they won't pay. Aetna pays for it if you are not 65 yet. Medicare does not cover it

3. Question: Drug Coverage: This retiree wants to see and know their pharmacist. Where is their choice?

Answer: There is a value there and he understands that. There is a pharmacist at Medco. You may talk to them, but it is understood that you can not see them. You can still go to your local pharmacist but it may cost you more money. You are paying for seeing them. Bryan has been to the Medco facility and it is a huge automated facility and it is much more accurate than a local pharmacy as far as getting the right pills, the right amount of pills, value, strength, it is more accurate than any other in the country. If you want to talk to your

own pharmacist that is up to you, you have that right to do so; Medco is not a mandatory mail service. It is your choice.

4. Question: Explain to our membership who the participants are in the Lucent Pension Plan – Occupational:

Answer: Our Pension Plan or our retiree Pension Plan has all of the retirees Alcatel-Lucent, not any of the Alcatel folks that were not Lucent, only the legacy Lucent people, the guard unions, a few of the factories have the secretarial unions, and there were some in the factories that worked in medical and personnel and were salary graded. They were not management or were they allowed into the unions, they were called LBAs,

5. Question: Can we have dental coverage without the medical?

Answer: At this point no we can't, there is no way to split the up; we have looked at that to see if we could put them in separate pieces and parts, the issue with that is the total overall cost is higher because what happens is that the folks that need dental get in and the folks that don't get out. It causes the premiums to go up so right now it is the least expensive way to have all those coverage's. There is quite a bit of talk about splitting up the prescription plan so if you have the option to go under a spouse's coverage or you may have an excellent HMO in your area and it is reasonable then that might be better for you. It usually is the prescription plan that is so hard to get. If you ever opt out of your benefits you loose your Medicare B reimbursement. Most of you get that on your quarterly check and that is part of the package. You pay premiums to social security and you might pay premiums to Lucent now so you must look at that as a total package. Aetna dental took over so it is a set amount of \$40 per cap and that has not increased in years and years and years. We looked at dropping coverage and only covering crowns, caps and plates so if you if you had a tooth removed it might not be covered at all. It seems that you would get better benefits if you were paid more for what your doing and it helps the group then that is better coverage but they are looking at different ways to change this plan.

6. Question: In case of a death – What must the dependents do to receive their benefits from the company?

Answer: If someone has died and you have set out the phone numbers for Met Life. phone numbers to the Pension Center, things like that, it makes it very difficult for someone to go through and try and find out on what to do. Those documents 'Planning For the Unexpected' helps with getting your affairs in order and is helpful to those that are in charge of doing so. They have to prove they are one of the beneficiaries and if they are not one of the beneficiaries then Met Life will look into where your life insurance goes. In order they must call the Pension Service Center, they must give your current address, must prove there has been a death, must prove & that you are legally entitled to the money. It makes it so much easier if you have these things written down somewhere.

7. Question: Will Aetna cover for a dental procedure done in Mexico?

Answer: Bryan doesn't recommend that, but you do have coverage wherever you are as long as your not gone over 30 days. If you go on vacation and plan on being gone over 30 days you need to call Aetna and United to let them know your plans and I am talking about POS. Now it would be helpful if you pay for the procedure because other countries do not bill our insurance companies.

8. Question: Could you please explain how Cobra kicks in. If a death occurs on the 15th of a month do you have 6 months form the 15th or do you have 6 months from the 1st

of the next month to get your new insurance?

Answer: If you're the spouse and not the retiree you have access as the same as your spouse's benefits for 6 months. Then Cobra kicks in! If your not 65 you may not find more reasonable coverage out there. The

group between 60 and 65 it is very difficult to find reasonable coverage so I would look at other options if you are in that situation. The spouse gets the same coverage for six months, whatever the retiree had and at the same price then it goes to the Cobra amount. Just know that it's out there, if you have a pre-existing condition it may be the thing to keep that. You will not be dropped.

9. Question: Will our benefits be taxed if they pass the law in the House & the Senate?

Answer: There is no way to know what is going to come out of there. There is a good possibility that it might be. He can't imagine that healthcare overall will be taxed. He thinks they will find a way to give you tax credit for it but we do need to keep watch. What we do want to see is have coverage for all those that don't have it. We pay an awful lot of money for those that don't have any whether we know it or not. He hopes they keep working on it but we haven't seen a finished product yet.

10. Question: You said before that Lucent would pay a balloon payment in 2013. Will You explain that? How will healthcare be addressed after this contract?

Answer: Your benefits are only held by contract; not you pension but your benefits, except for legislation that you helped them get passed in 2006. It tied your benefits to the pension overage. We talked about this at one of your meetings; the contract in 2012. Lucent had to go to a lot of trouble to convince Congress that they could only take money out for your benefits on the overage and the union in the contract agreed that they would allow them to do that on an annual basis as long as it was for our benefits. The group payment, it is suppose to be the entire amount. If there is not enough of the Pension Fund then they have to come up with cash. If you are keeping track of Alcatel-Lucent there isn't a lot of cash. It may not happen in 2012, it go on 2013, 2014, 15, whenever, at some point of time they have to make this group payment. We talked earlier that there was \$5,000,000,000,000 extra in the Pension Fund and your big group more than just his group spends more than \$450,000.000 million a year on medical benefits so \$5,000,000,000,000 will only last eleven or twelve years. This overage needs to build up so that it will take care of paying the benefits out. The bankruptcy laws in the U.S. are holding the Lucent Pension still, Alcatel doesn't have anything to do with the legacy Lucent's Pension, they know its there but they have not done anything with it. They still have a portion of Alcatel-Lucent that is called Lucent America, its kind of a sub company and that part is protected by American bankruptcy laws. As good as those American bankruptcies laws are that's as good as you are protected. They have had their attorneys looking at this since 2004 and as good as the laws are we think we are protected. There are no guarantees, we should no that as long as there are bankruptcy courts, but we think we are protected by the American bankruptcy laws.

11. Question: Would you explain how the healthcare committee is set up and how it is Funded again?

Answer: The JRHC (Joint Retiree Healthcare Committee) has eight folks on there; four company folks most of them are from benefits and one from labor and four union folks, two CWA and two IBEW. The way it works is we go by the contract, we are required to look back and if there are any unpaid bills, you understand that Lucent is self insured, means your fund pays for bills outright, we don't purchase premiums, those bills come through, we have to pay for any past years bills that haven't been

paid for yet and we look at future years how inflation, aging, and they look at that and determine the cost for the future year. \$25,000,000 million is taken out every year to use and the cost going out and they try and determine should they change premiums any, leave everything alone, they spend months going over facts and figures. That is what they do.

12. Question: If we have no changes in our benefits do we have to call.

Answer: No, but if you don't you will get what is on your default sheet, not necessarily what you had last year.

13. Question: How will this new healthcare situation affect us?

Answer: He took it that you are talking about the laws right now and he said that is no way of knowing. What they are trying to do is get coverage for everybody at a reasonable rate. Now that can go so many different ways and it is very difficult to have a conversation on how it is going to end up. They are talking about the doctors insurance down and how they won't pass these costs down to us, so many different things like allowing people to have health saving accounts, they just hope they can just get a package that won't hurt us that has insurance so that we can go on with what we have. You folks have paid for your insurance all the years that you worked. We don't want fewer benefits with a higher cost.

Bryan wanted to talk a little about Medco again: A lot of folks don't want to use credit cards or debit cards and you don't have too, but it is the easiest way by far. The other way to pay is by check, there is one option now and that is called extended payment. Say you have a bill from Medco for \$200 dollars and you can't pay that all at once. You have to call them and they will extend that for 3 months, which is available. You can always prepay. If you have problems with billing with Medco call Bryan, they want to know what is going on.

There is a program called refill program. Some folks have reactions to drugs so they watch those very closely so if you get a call or a letter saying they can't fill this for any reason then your doctor has to fill out a form the doctor is aware of these problems and it is not out of the ordinary, but it may have to be done in order for you to get your prescription. That list is getting bigger and bigger.

A question on the default and how is UHC working out paying on that? The answer is say you are turning 65, Medicare is your primary, traditional indemnity is your normal default for that, in some cases there is a HMO available that you might have, the issue is anytime you look at another option if there is a premium involved just remember with United you only have a \$1500 out-of-pocket. And if your premium is more that \$115 a month you're paying more than with United. Just remember to compare apples to apples, with traditional indemnity along with Medicare you have a \$1500 out-of-pocket maximum after your deductible in most cases that is about \$1800 total so that's all you pay so if you have a premium that is less than that \$1800 it might be a good option.

Bryan said the group here does a good job and if there is anything you want to present call him. He also stated that he though the national did a good job as well.

AVAYA AND CONNECTIVITY SOLUTIONS: Edie Riester gave the following report on both Industries:

It was a very long meeting and with the meeting Outline being changed around everyone started to get up and leave. We announced that the meeting was not over and that the Lucent retirees need to be respectful to the Avaya and Connectivity retirees, they were respectful to you while you had your healthcare coordinator give his presentation.

AVAYA AND CSMI INFORMATION

I'm going to talk now to just the Avaya & Connectivity Solutions Retirees about Open Enrollment for 2010. I will do the Avaya first: Open Enrollment is going on right now. Should have received this reminder Card in mail: Oct. 15th through Nov. 3rd: Must confirm your election for 2010: Either call the Avaya Health & Benefits Decision Center at 1-800-525-8056 (option 1), 8 a.m. to 8 p.m. ET or log on to: AvayaHealthyDecisions.com and enroll online. Online lists: Which Medical Expense Plan you are on, OCC Buy-Up and what you have chosen, and annual cost. This is only for if you are over 65 or on the Traditional Indemnity Plan. Your dependent information is on there, and your basic life beneficiary is on there. If you enroll online make sure you print your confirmation sheet.

I got an e-mail from Steve Brockway, Avaya Managed Care Program Coordinator, and I reported last meeting that we were losing him due to job being merged with the Employee Resource Center and Avaya Transfer Program Coordinator. An agreement was made between the Company & the Union to keep him around until the end of 2010. So looks like we will have him for another 15 months. And the union is hoping to negotiate an extension that will last until the end of the contract.

Now Connectivity Solutions Open Enrollment – will be Nov. 9th through Nov. 20th. So watch your mail for this. I want to remind you that when you turn 65, you loose your medical, dental, prescription drug coverage. Volunteers Assisting Seniors (VAS) at 444-6617 can help you get signed up for Medicare A, B & D. Call Jay Vick at 691-2705, because the company will now reimburse you 100% of the Medicare Part B premiums for you as the retiree. Also the VAS can help for those whose spouses loose their insurance due to the fact that they loose their insurance if the spouse is the retiree and is 65.

A few months ago we had someone from Met Life here and he spoke to all of us about Life Insurance and told all of us to check our beneficiaries to see if these were all up to date. I checked both mine and my husband's, who is retired from Avaya and somehow they didn't have a beneficiary form for either of us. So they e-mailed me one that I filled out and sent to them right away. I suggest all of you check yours and call 1-800-523-2894 and ask if they have one on file. I couldn't believe that they didn't have either one of ours. If you retired from Lucent, I don't have the number, but you should check also. I did make about 25 copies of the form for Avaya & Connectivity people if any of you need this; they are up here on the front table by me.

Any Questions? I'll be around after the meeting for questions also:

Edie

BY BEN DUMMETT

Avaya Inc. won an auction for a Nortel Networks Corp. unit that makes phone systems for businesses, offering about \$900 million for the operation, plus an additional \$15 million for an employee-retention program.

Avaya, which is owned by private-equity firms Silver Lake Partners LP and TPG Capital LLP, beat out Siemens Enterprise Communications for the unit, which Toronto-based Nortel offered as part of its bankruptcy-court proceedings.

Siemens Enterprise is a joint venture between Germany's Siemens AG and private-equity firm Gores Group LLC. But Verizon Communications Inc., a big Nortel customer, moved to block the deal, citing "serious consequences to safety"...

This presentation was given by Jim Filipiak:

CONTROVERSY BETWEEN OWRG E-BOARD AND LAANPA: For months there has been controversy between our Omaha group and the national group. Protocol, by-laws, and the way its conducted; some of us like it and some of us don't. Everett Peterson had some cancer and was serving on the Executive board so he hasn't been able to serve on the national board and can no longer participate. Pauline has been taking conference calls in his place, he has been gone too long so that created a vacancy. No one here wanted to fill the vacancy and their by-laws say that every location has to have someone on the board and we aren't going to dispute the legality of their by-laws and that should not be reason to hold the Omaha retiree group not part of their system no more for communication purposes. We took it upon ourselves to have a meeting and it was discussed at last weeks meeting that a vote will be taken. As chairman of the executive board I called all the officers and executive members and the majority voted to bail out of the national group. Phone calls were made because of a letter that was sent out to the LAANPA membership and we informed the members from Omaha to hold off giving their money to support the national until we resolved the issues that had came up and we hoped that all the issues would be worked out by this quarterly meeting. Those of you that already sent your money in we are going to write a letter to the national group asking that they return the money to whoever wants it back. Our main interest is for our retirees here in Omaha. When we stand before you, it is not I or you, it is us and we listen too because that helps us to learn. This is why we took the vote and the majority, not all, wanted to pull out of the national group. Thank You!

Pauline read a letter from the national's Vice President to our local President: Lyle; I'm sorry to hear of your Executive Board's decision. However, in my personal opinion I respectfully disagree with your Executive Board, it is not in the best interest of the retirees of Omaha. We have been advocating for all former retirees. If this comes to pass unfortunately Omaha retirees should know this. I know you are in an uncomfortable position. I'm sure the National group will be discussing this unfortunate event. Let me know how your meeting(s) goes. Your Masonic brother, Ron Brofford, Ron is from Columbus, OH.

Closing statements: Pauline thanked everyone for coming and reminded them to pick up the new meeting schedule on the back table if they had not done that yet. We have a few of the 'Planning for the Unexpected' for sale at \$1.00 each up here on the front table after the meeting. This information is valuable and it is what Bryan was talking about earlier, getting your phone numbers together, personal contacts; this is just a magnificent document for you to have. It took me about six days to complete and she told her children where to find it so that they can follow through.

Jim told the group that he went through the death of his wife a year and half ago and it took a lot off his mind to have everything ready. These phone numbers and contact information is very important in time of need.

Final outburst from a retiree: Something about the vote that the E-Board took concerning the national group. Our chair, President Lyle Nicholson, spoke to the lady and the few setting there while the E-Board was busy with retirees and the chair asked her to put it in a line of a motion without a recognition or discussion from anyone on the E-Board, he then asked for a second, and asked who all was in favor of the motion. This was under review after the meeting on phone calls and at the next E-Board meeting.

The meeting adjournment announcement was not heard on the tape.