



Statement Date: October 5, 2014



S000412
JAMES F. THOMPSON
112 MAXINE DR
PEARL MS 39208-6344



AT&T Benefits Center Website

resources.hewitt.com/att



AT&T Benefits Center

1-877-722-0020

7 a.m. to 7 p.m. Central Time, Monday
through Friday.

Annual Enrollment Confirmation Statement 2015

Please Read and Keep for Your Records

Why Are You Receiving This Notice?

Your opportunity to enroll in benefits for plan year 2015 starts **October 6, 2014** and ends **October 17, 2014**. This enrollment opportunity allows you to change your current coverage for the upcoming plan year. This notice confirms your AT&T benefits coverage, contributions, and family information for **2015**.

What Do You Need to Do?

Review the information in each section of this notice. Determine if you would like to make a change to your benefits for plan year 2015. If you would like to make a change, contact the AT&T Benefits Center by accessing the AT&T Benefits Center website or call to speak to a representative on or before **October 17, 2014**.

- If you do not wish to make changes to the coverage detailed below, no action is needed. If you need to make a change or correction refer to the "How to Take Action" section for instructions. Keep this notice for your records.

Important: Your assigned coverage may be different from your current coverage, so review this document carefully.

Even if your plans are available in the upcoming plan year, details of the plan such as deductibles or copays may have changed. Please review the plan details listed in your Health Plan Comparison Charts found on the AT&T Benefits Center Website.

How to Take Action

- Access the AT&T Benefits Center Website:

- From any computer: log on to **resources.hewitt.com/att** and click AT&T Benefits Center link under My Quick Links.

- Call the AT&T Benefits Center toll-free at **1-877-722-0020** (domestic) or **+1-847-883-0866** (international). Service Associates can answer your benefit questions 7 a.m. to 7 p.m. Central time, Monday through Friday.

Note: Throughout this notice, the use of the term “spouse” is intended to include a Legally Recognized Partner (LRP) or – for some populations – domestic partner. For details of whether your LRP (or domestic partner) is eligible for plan coverage, consult the summary plan descriptions, the summaries of material modifications or the official plan documents. In all cases, the official plan documents govern and are the final authority on the terms of the plans.

Although AT&T considers your LRP/children of LRP eligible for health care coverage, not all fully-insured Managed Care option providers cover an LRP/children of an LRP. If you’re electing to enroll into a fully-insured Managed Care option and covering your LRP/children of LRP, it is your responsibility to confirm with the plan directly if they will cover your LRP/children of a LRP.

Your Benefit Coverage as of January 1, 2015

	Monthly Contribution
<ul style="list-style-type: none"> Retiree Medical - Non-Medicare 	
Option 0--No Coverage	\$0.00
Coverage Category --No Coverage	
After-tax	
<ul style="list-style-type: none"> CarePlus 	
Option 0--No Coverage	\$0.00
Coverage Category --No Coverage	
After-tax	
<ul style="list-style-type: none"> Retiree Dental 	
Option 0--No Coverage	\$0.00
Coverage Category --No Coverage	
After-tax	
<ul style="list-style-type: none"> Basic Life Insurance 	
Option 3--Employer-Paid Coverage - \$15,000	\$0.00
Total Benefit Coverage	\$0.00

Billing Information

If monthly contributions are required, one of the following will apply:

- Your monthly contributions will be **deducted** from your paycheck or monthly pension check, if the gross amount of your annuity pension check prior to deductions is greater than or equal to \$400 a month.
- You will be **direct billed** on a monthly basis for your contribution amount. Payments will be due the first day of each month, and can be paid via direct debit from your bank account.
- **If you fail to submit monthly payments within 60 days of the due date, your coverage will end** retroactive to the last day of the month for which full payment was received. You will be refunded for any payments received after coverage is dropped.

Additional Considerations

If you changed or added medical plan coverage, you should receive your ID card on or before January 1st based on the benefit choices you elected during your annual enrollment period. If you require medical services and need to verify your coverage, for the 2015 plan year, on and after January 1st, your provider can confirm coverage through your benefits administrator or by using your annual enrollment confirmation statement. You may also be able to print your medical ID card from your benefits administrators' website. If you have questions, contact the AT&T Benefits Center at resources.hewitt.com/att or speak to a representative at 877-722-0020 Monday through Friday from 7 a.m. to 7 p.m. Central time.

Family Information

Below is the information on file for you and your dependents. To protect your privacy, Social Security numbers and birth years are not shown. Please review this information. If you need to add dependents, make changes or verify information, refer to the "How to Take Action" section for instructions.

• Person Information

	You	Dependent No. 1	Dependent No. 2
Name	JAMES F. THOMPSON	KIMBERLY L. THOMPSON	NATHANIEL W. THOMPSON
Birth Date	12-26	05-21	04-25
Gender	Male	Female	Male
Relationship	--	Child	Child
Full-Time Student	--	Yes	
Disabled Dependent	--	No	No
Medicare Eligible	Yes	No	No

• Coverage Information

	You	Dependent No. 1	Dependent No. 2
Retiree Medical - Non-Medicare	No	No	No
Retiree Dental	No	No	No

• Provider Information

Please confirm that the Provider information listed below matches the information you provided.

	You	Dependent No. 1	Dependent No. 2
First Medical Provider*			
Second Medical Provider*			
Dental Provider*			
Vision Provider*			

** This information is necessary if you and/or your dependents are enrolling in a plan for the first time that requires a provider selection. If you and/or your dependents are not enrolling in a plan for the first time, please refer to the insurance carrier for the most recent provider information on file for you and/or your dependents. Because all ongoing provider changes should be reported to the carrier, the most recent and accurate provider information may not be reflected above.*

You declare all information is true and correct to the best of your knowledge. This includes information regarding your tobacco user status, Change in Status/Life Event and Dependent Eligibility and Spouse/LRP Employment and Medical Coverage Availability.

Consequences of fraudulent statement, falsification, or material omission of information: You understand that any fraudulent statement, falsification, or material omission of information constitutes benefit fraud and is a violation of the AT&T Code of Business Conduct and may be subject to legal action and/or subject you to discipline up to, and including, termination of employment. AT&T will investigate suspected fraudulent enrollments.

-You are also declaring that any dependent(s) you have added or continued coverage for is eligible under the terms of the applicable AT&T benefit plans or programs. Documentation is required to verify eligibility for newly added dependents. If you have recently added a dependent to your account, you will receive a kit in the mail with instructions for submitting copies of documents that verify your dependents' eligibility for coverage. **You must complete and return copies of the required documentation by the date specified on the Verification Request Letter. If you do not receive the Verification Request Letter before December 15, 2014, you must call the AT&T Benefits Center immediately.** Your dependent will not be enrolled into coverage until they have been verified as eligible. If the required documentation is received and your dependent's eligibility is verified and approved within 30 days of the request to add the dependent to coverage, then coverage will be effective on the date you have requested. If your dependent is verified as eligible and your documentation was received after the required timeframe, benefits will be effective in accordance with the Non-Qualified status change provisions described in your SPD. AT&T reserves the right to request documentation of dependent status at any time. Enrollment of an ineligible dependent in an AT&T benefits plan or program constitutes benefits fraud and is a violation of the AT&T Code of Business Conduct. AT&T may refer suspected fraudulent enrollment to AT&T Asset Protection for further investigation, which could result in legal action and financial consequences. If you are an active employee, you may be subject to employment disciplinary action, up to and including dismissal.