



HEWT Benefits News & Views for Retiree

FH - Benefits Administration

Issue #9

A NEW OPTION FOR RETIREE PREMIUM PAYMENTS

Many of you expressed an interest in an automatic payment option to pay for your HEWT insurance coverage, rather than mailing a check. We are pleased to offer you the ability to make your payment automatically from your bank account through Automated Clearing House (ACH) on a monthly basis. (The letter on page 2 explains this new option. Please review the form, "Hanford Employee Welfare Trust (HEWT) - Direct Payment Plan Authorization Form." Should you wish to utilize this new option, complete and return the form to the address shown.

Sincerely,

Todd A. Beyers, Sr. Manager
FH—Benefits Administration

Are you aware...

If your spouse or disabled dependent child is under age 65, and on Medicare due to disability, the secondary insurance premium rate could be reduced to the over age 65 rate. This requires verification of coverage with Medicare. Send a copy of your spouse's or dependent child's Medicare card to:

Fluor Hanford, Inc.
Attn: Benefits Administration
PO Box 1000, H2-23
Richland, WA 99352

NOTE: Be sure to include the retiree's name and social security number so the correct record may be reviewed.

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A NEW OPTION FOR RETIREE PREMIUM PAYMENTS



2425 Stevens Center
P.O. Box 1000, H2-23
Richland, WA 99352

January 14, 2008

New ACH Direct Pay Feature

Dear HEWT Self Pay Participant:

Many of you have expressed an interest in an automatic payment option, rather than mailing a check, to pay for your HEWT insurance coverage. We are pleased to offer you the ability to make your payment automatically from your bank account through Automated Clearing House (ACH) on a monthly basis.

In order to take advantage of this new feature, please complete the form on page 3 of this newsletter (or obtain a form at www.hanford.gov/hr), and return it to *Fluor Hanford, Inc., Attn: Benefits Accounting, P.O. Box 1000, H3-08, Richland, WA 99352*. If no form is received, you will continue to receive a bill, and be required to mail in your check for payment. If you are considering self pay, via direct payment, you may request this feature at any time in the future. Forms are available through www.hanford.gov/hr, or a form will be mailed to you upon request.

Should you have any questions with regard to this new feature, please contact Kathy Bates on (509) 376-7076, or Georgia Combs on (509) 376-4047, or email to Benefits - HEWT@rl.gov.

Sincerely,

Original signed by

Elaine M. Cone, CPA, QPA
Director of Fluor Hanford Benefits Accounting

Sponsors: * American Electric, Inc. *Fluor Hanford, Inc. * CH2MHILL Hanford Group, Inc. * Eberline Services Hanford, Inc.
* Energy Solutions Federal Services Inc. * Johnson Controls, Inc. * Energy Northwest * Numatec Hanford Corporation
* Parsons Hanford Fabricators, Inc. * Advanced Technologies and Laboratories International, Inc.
* Washington Closure Hanford LLC



**HANFORD EMPLOYEE WELFARE TRUST (HEWT)
DIRECT PAYMENT
PLAN AUTHORIZATION FORM**

Participant's Name _____	SSN _____
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This form authorizes the HEWT to automatically deduct all of my required insurance contributions from the account identified below. This authorization will remain in effect until I provide written cancellation. Forms must be received by the first of a month to be effective the first of the following month, or automatic withdrawal will be delayed an additional month.

INSTRUCTIONS

1. Check the type of account you would like to have your payment deducted from (checking or savings).
2. Provide the financial institution information and your participant information.
3. Attach a copy of a **voided check** for verification of all financial institution information. If you are unable to attach the voided check, please provide your account and routing numbers.
4. PLEASE BE SURE TO SIGN THE COMPLETED FORM and return to the address listed below.

ACCOUNT INFORMATION

Checking Account Savings Account

[Please Print]

Financial Institution Name _____

Financial Institution Address _____

Account Number _____

Routing/Transit Number _____

(Also referred to as RTN, Routing transit number, ABA, or bank routing number, your routing number is typically a nine-digit numeric code printed on the bottom of checks. If you are unsure which number to use, please contact your Financial Institution.)

[Please Print]

Participant's Mailing Address _____

Participant's Phone Number _____ E:mail Address _____

I understand I will receive a notice if the amount changes. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of Washington State and U.S. law. I authorize Fluor Hanford, Inc. or its assignee on behalf of the HEWT to initiate electronic debit entries, in the full amount due, from the account listed above.

Signature _____ Date _____

Please return form to: Fluor Hanford, Inc., Attn: Benefits Accounting, P.O. Box 1000, H3-08, Richland, WA 99352.

Please keep a copy of the completed authorization for your records.

OFFICIAL USE ONLY

**HealthyAges**
AFTER FIFTY**Janet Artzer, Coordinator (509) 942-2700****Monday-Thursday – 8:00 am to 4:00 pm**

Online, go to [http:// www.kadlecmed.org](http://www.kadlecmed.org), click on “Programs” then go to “Healthy Ages After Fifty.”**UPCOMING HEALTHLY AGES-SPONSORED
MEDICARE WORKSHOP AND INFORMATION SESSIONS****Note: Registration is required for all sessions as class size is limited.**

February 6—9:00 am to 11:00 am, “Monthly Medicare Workshop.” These workshops are held the 1st Wednesday of each month, and are free for anyone wanting to learn more about Medicare benefits; how Medicare coordinates with Medigap and other retiree medical plans. Medicare D will also be discussed. Register by calling Healthy Ages at (509) 942-2700.

**Location: Healthy Ages Office
1305 Mansfield, Suite 4
Richland, WA 99352**

**SUMMARY ANNUAL REPORT (SAR) FOR
PLAN YEAR ENDED DECEMBER 31, 2006**

If you were identified as a participant in one or more of the Hanford site benefit plans, in November you received a copy of the SAR for Plan Year ended December 31, 2006. The Hanford Employee Welfare Trust (HEWT) is required by the Department of Labor to provide this report annually to all participants and beneficiaries of Company-sponsored pension, savings and welfare plans, whether actively employed, retired or terminated deferred. If you did not receive a copy, go to the HR homepage at <http://www.hanford.gov/hr> or request a copy by mail to:

Fluor Hanford, Inc.
Benefits Administration
PO Box 1000, H2-23
Richland, WA 99352

FYI...Prescription coverage is part of the medical Plan premium.



HERO HAPPENINGS – 2008

Discover Croatia!

This is one of today's "must see" destinations. Depart April 14, 2008 for an 11-day tour exploring the wonders of Croatia and Slovenia. Visit Zagreb's medieval architecture, the 16-terraced Plitvice Lakes connected by waterfalls, and the largest caves in all of Europe in Postojna. Cruise the Adriatic Sea down the Dalmatian Coast to Dubrovnik, a World Heritage Site. Cost is \$3,379/pp, based on double occupancy, and includes all airfares, taxes/fees, and 15 meals. This trip has too many highlights to list. Visit the web or contact Marieca Davis by email or at 373-7354) for more information.

HERO Weekend Cruise

Join HERO May 2-4, 2008 aboard the "Norwegian Pearl." This roundtrip Seattle cruise has no ports of call. That means you will have plenty of time to explore this brand new ship, which is the destination! Find out why Norwegian Cruise Line's Freestyle Cruising is changing the way people cruise. No set schedules so you can enjoy the many unique restaurants, bars, and lounges. Do some rock climbing or enjoy bowling with the industry's first ever-bowling alley at sea. Prices are currently running as low as \$249/pp double occupancy for an inside cabin. These rates may increase, so make your refundable \$50 per person deposit today. Contact Dianne Whitten at 373-9290 for more information.

Eastern Canada and Niagara Falls

Can't afford Paris? Take a tour with HERO to the romantic Quebec City instead. Depart July 27, 2008 for a 9-day tour for only \$2,299/pp roundtrip from Pasco. A few of the many highlights and tours include Notre Dame Cathedral and St. Joseph's Oratory in Montreal, Montmorency Falls (one and a half times higher than Niagara Falls), enchanting Quebec City on the St. Lawrence River, the capital city of Canada - Ottawa, a 1,000 Island cruise in the scenic and unspoiled region of Lake Ontario, tours in Toronto, and ending this spectacular tour at the thundering and awe-inspiring Niagara Falls. Contact Phyllis Roha for details at 376-6413.

HERO Alaska!

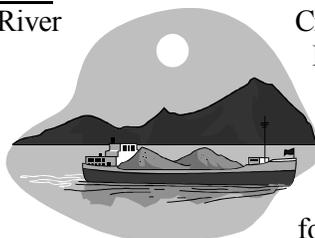
Norwegian Cruise Line's Norwegian Star August 16-23, 2008. Join HERO for a seven-night ALASKA adventure aboard the beautiful Norwegian Star. Our cruise is roundtrip from Seattle with stops at Alaska's most exciting ports and an afternoon of cruising the magnificent Sawyer Glacier. This is another Norwegian Cruise Line's "Freestyle Cruising" trip, offering the freedom to eat when you want, wear what you want and have as much fun as you want.. This cruise has reduced rates for families! Kids save BIG \$\$ when sharing rooms with adults. Prices start at \$979/pp. See our website for more information, or contact Terri Reyes at 373-2030.

Ancient Egypt and Nile River

Depart October 25, 2008 for 15 days in the land of the Pharaohs. See the Pyramids of Giza, the Sphinx, and board a ship to ride on the Nile. The trip will also take you to the Egyptian Museum in Cairo and the Valley of the Kings. Accommodations include 13 breakfasts, 8 lunches, 8 dinners, and tours provided by experienced Grand Circle guides. A price of \$3,095/pp includes airfare from Seattle. Contact Matt Johnson at 372-0358 for more information.

Christmas Markets Along the Rhine

If you are interested in a trip on a River Along the Rhine" in the early information, send an e-mail to currently looking at a 12-day trip includes roundtrip airfare from meals, and 10 nights of a 3-day extension to Amsterdam



Cruise in Europe, join us for "Christmas Markets December 2008 period. To get additional Richard N. Smith (or call 372-3122). We are for about \$1,845/pp, plus taxes. This tour Seattle, 6 guided sightseeing tours, 10 days of accommodations on the river ship. There is also for \$445/pp.



Deferral of Post-Retirement Medical Benefits

If you are eligible for post-retirement medical benefits, you have the option to waive (defer) this coverage *one time* with the right to re-enroll *one time* at some future date. Eligible dependents are only those who were enrolled in the medical plan at the time of the participant's retirement. In addition, they must meet eligibility requirements on the date the participant may choose to re-enroll (i.e., age, status, etc.). **No new dependents may be added at any time.**

To defer coverage, send a written request to the address on the below example letter response.



Hanford Employee Welfare Trust

2425 Stevens Center
P.O. Box 1000, H2-23
Richland, WA 99352

Dear Mr/Ms:

Per your request, I have enclosed the two forms required to waive (defer) current post-retirement medical coverage for you and your spouse, if you are married, and covering your spouse. Both forms must be completed and returned. An envelope is included for your convenience. I recommend that you make a copy for your future reference prior to returning the forms.

This provision, effective November 1, 2003, allows the retiree to waive (defer) coverage, one time, for themselves and spouse, and/or dependents. However, dropping a spouse, and/or dependent(s) only, permanently drops the spouse/dependent(s) from future coverage.

Your request will be effective the first of the month following receipt of your forms. If your forms are received after the 10th of the month, it may not be possible to stop the deduction of any applicable medical premiums from the following month's annuity payment, due to the processing time needed for monthly annuity distributions. In these cases, you will be reimbursed after the fact. Please note that reimbursement is not immediate and could take up to four weeks to process. **To avoid this inconvenience, it is recommended that your request be received by the 10th of the month, if possible.**

Should you have questions, please contact me at (509) 376-0623.

Sincerely,

s/s

Jayne K. Robbins, Sr. HR Specialist
Fluor Hanford Benefits Administration

Sponsors: * Advanced Technologies and Laboratories International, Inc. * American Electric, Inc. * CH2MHILL Hanford Group, Inc. * Eberline Services Hanford, Inc. * Energy Northwest * EnergySolutions Federal Services of Hanford, Inc. * Fluor Hanford, Inc. * Johnson Controls, Inc. * Numatec Hanford Corporation * Parsons Hanford Fabricators, Inc.

To re-enroll, the following applies.

- If participant lost coverage due to a life event, participant must re-enroll within 31 days, by providing a certificate of coverage. Enrollment will be effective the first of the following month.
- Participant can re-enroll during any open enrollment, effective January 1 of the following calendar year.
- It is the participant's responsibility to contact HEWT (Benefits Administration) to request re-enrollment either by e-mail to Benefits_-_HEWT@rl.gov, or to the HEWT address in above letter.



Dependent Eligibility Criteria - Under and Over Age 65 Retirees

Under Age 65 Retiree Dependent Eligibility Criteria

Eligible dependents include:

- Your legal **spouse** (as recognized by Washington State laws), unless he or she is enrolled in one of the Plans as an employee or retiree.
- An **unmarried child** or **children**, as defined below:
 - a stepchild residing in your home, and primarily dependent upon you for support and maintenance,
 - a legally adopted child,
 - a child placed for adoption,
 - a child for whom legal guardianship, custody, or conservatorship has been awarded to you or your spouse,
 - not regularly employed on a full-time basis, and
 - primarily dependent upon you for support and maintenance,
 - under the age of 23;
 - 23 or more years old, coverage can be continued if the child is a full-time student, as defined below:
 - √A full-time student is a person who is enrolled in and attending, full-time, a recognized course of study or training at one of the following:
 - an accredited high school,
 - an accredited college or university,
 - a licensed vocational school, technical school, beautician school, automotive school, or similar training school.
 - Full-time student status as determined in accordance with the standards set forth by the educational institution. Full-time student status ceases upon graduation or if you are no longer enrolled and attending on a full-time basis. Full-time student status continues during periods of regular vacation.
 - 23 or more years old, coverage can be continued if the child is not able to be self-supporting by reason of mental retardation or a physical handicap, provided:
 - √the handicap existed before age 23, and
 - √the child was covered as a dependent prior to reaching age 23, and
 - √the child is principally dependent on you for support, and
 - √proof of the child's condition and dependence is submitted prior to the date coverage would otherwise have ended.
 - √We may require that the child be examined by a physician chosen by us at our cost. You may be required to continue to provide proof that the child meets the conditions of incapacity and dependency. If you do not provide proof of the child's incapacity and dependency within 30 days of request, coverage for the child will end.

A child will cease to be a dependent upon their marriage, enlistment in the military service, full-time employment with another company, or if they are eligible for any other group medical plan.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Benefits Administration, Attn: COBRA Administrator, Fluor Hanford, Inc., PO Box 1000, H2-23, Richland, WA 99352-1000.

Continued next page.





Dependent Eligibility Criteria - Under and Over Age 65 Retirees (Continued)

Over Age 65 Retiree Dependent Eligibility Criteria

Eligible dependents include:

- Your legal **spouse** (as recognized by Washington State laws), unless he or she is enrolled in one of the Plans as an employee or retiree.
- An **unmarried child** or **children**, as defined below:
 - 23 or more years old, coverage can be continued if the child is not able to be self-supporting by reason of mental retardation or a physical handicap, provided:
 - √the handicap existed before age 23, and
 - √the child was covered as a dependent prior to reaching age 23, and
 - √the child is principally dependent on you for support, and
 - √proof of the child's condition and dependence is submitted prior to the date coverage would otherwise have ended.
 - √We may require that the child be examined by a physician chosen by us at our cost. You may be required to continue to provide proof that the child meets the conditions of incapacity and dependency. If you do not provide proof of the child's incapacity and dependency within 30 days of request, coverage for the child will end.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Benefits Administration, Attn: COBRA Administrator, Fluor Hanford, Inc., PO Box 1000, H2-23, Richland, WA 99352-1000.



<http://www.ghc.org>
1-888-901-4636

Group Health Pharmacy Mail Order: 1-800-245-7979

This year, decide to do more with your health.

For members of Group Health Options, we have a new service that offers tools to help you take better care of your health.

Get your health profile.

The Health Profile is a new online tool at www.ghc.org. Just complete a simple online questionnaire and you will receive a color-coded report of your health status, including your disease risks, and suggestions for improving your health. The site is secure, confidential, updatable 24 hours a day, 7 days a week, and is offered at no extra charge.

Lifestyle Coaching.

Based on your Health Profile answers, you may be asked if you would like to hear from a lifestyle coach. The coaches are specially trained professionals such as nurses and nutritionists, who can help you make positive changes in your eating habits, physical activity, tobacco use, or how to cope with stress. A coach can help you stay on track to reach your own health goals, through ongoing phone conversations.



Is Your Beneficiary Designation Current?

It is important that you have your Beneficiary Designation form up-to-date. You can obtain a form by going online to the HR homepage at <http://www.hanford.gov/hr> and click on “Benefits,” then under “Retirees” on the left column, click on “Forms for Retired Participants.” You can also obtain a form by mail request to:

Fluor Hanford, Inc.
Benefits Administration
PO Box 1000, H2-23
Richland, WA 99352

Also, please use the following Address Change form to update your current mailing and telephone information, or obtain online to obtain the form. Your original signature is required to change this information.

ADDRESS CHANGE RECORD FORM

Instructions: If your address changes, it is imperative that you provide this updated information to Fluor Hanford, Inc. It is necessary to ensure proper distribution of benefits changes, communications, the W-4P form, pension, savings and other essential information. Please complete the form below and mail to Fluor Hanford, Inc., PO Box 1000, H2-23, Richland, WA 99352.

For Benefits information, login to the Human Resources web site at <http://www.hanford.gov/hr>.

NAME: (Last, First, M.I.) _____

PAYROLL NO: _____ OR SOCIAL SECURITY NO.: _____

Mailing Address: (Fill in all mailing address information.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NO.: () _____ COUNTRY: _____

SIGNATURE: _____ DATE: _____



Hanford Employee Welfare Trust (HEWT) Contact Information

UnitedHealthcare Medical PPO

UnitedHealthcare Customer Service: **1-866-249-7606**

Address: **UnitedHealthcare Customer Service
& Claims Center
PO Box 30555
Salt Lake City, UT 84130-0555**

General Internet Address: **<http://www.unitedhealthcare.com>**
Provider Search Internet Address: **<http://www.provider.uhc.com/hewt>**

Express Scripts, Inc. Pharmaceutical Services

Retail & Mail Order Prescription Drugs—PPO Plan: **1-800-796-7518**
<http://www.express-scripts.com>

Group Health Options Point-of-Service

Group Health Customer Service: **1-888-901-4636**

Addresses: **Kennewick** **Yakima**
1009 N. Center Parkway **2010 W. Lincoln Avenue**
Kennewick, WA 99336 **Yakima, WA 98902**

Internet Address: **<http://www.ghc.org>**

Fluor Hanford Benefits Administration

Internet Address: **<http://www.hanford.gov/hr>**

Email (off-site): **Benefits_-_HEWT@rl.gov**
Email (On-Site): ***Benefits – HEWT**
Benefits Help Line: **1-509-376-6962**

Mailing Address: **Fluor Hanford, Inc.
Benefits Administration
PO Box 1000, H2-23
Richland, WA 99352**

