

general information

This booklet contains only a summary of the benefit plans. Nothing herein should be deemed to waive or alter any of the terms or conditions of the Plans.

Plan Identification Numbers

The following are the Plan names and numbers:

Plan Name	Plan Number
BSA Retirement Plan	001
BSA 401(k) Plan	002
BSA Comprehensive Welfare Benefits Plan	501

The Employer Identification Number is 11-3403915.

Plan Year

The plan year for each of the Plans indicated above is the calendar year, January 1 through December 31.

Plan Funding

The Plans indicated above are paid for by the employer and, in some cases, also by employee contributions or premiums.

Type of Plan

Plans 001 and 002 indicated above are classified as pension benefit plans for the purpose of providing retirement benefits. Plan 501 is classified as a welfare plan for the purpose of providing medical insurance, life insurance, long term disability insurance, travel accident insurance, dental insurance, spending account benefits, severance pay benefits, tuition refund benefits, and long term care insurance.

Normal Retirement Age

Under plans 001 and 002, your normal retirement age is 65 years old.

Plan Sponsor

The name, address, and phone number of the employer who is the Plan Sponsor are as follows:

Brookhaven Science Associates, LLC
Brookhaven National Laboratory
P.O. Box 5000
Upton, New York 11973
(631) 344-8000

Plan Administrator

The Plan Administrator for Plans 001 and 002 is the Retirement Committee and for Plan 501 is Brookhaven Science Associates, LLC. The Plan Administrator can be reached at the address and phone number indicated above.

Agent for Legal Process

The agent for service of legal process is:

General Counsel
Brookhaven Science Associates, LLC
Brookhaven National Laboratory
P.O. Box 5000
Upton, New York 11973
(631) 344-8000

Service of process may be made upon a plan trustee or plan administrator.

Trustees

You choose to allocate your contributions in the Retirement Plan and the 401(k) Plan to be invested with TIAA-CREF, Fidelity Investment Services, or Vanguard Group. You may contact them at the following addresses and telephone numbers:

TIAA-CREF
730 Third Avenue
New York, NY 10017
(800) 842-2776

Fidelity Investments
P.O. Box 770002
Cincinnati, OH 45277-0090
(800) 343-0860

The Vanguard Group
P.O. Box 2900
Valley Forge, PA 19482
(800) 523-1188

Filing Claims for Benefits

To file a claim for benefits under the Retirement Plan or the 401(k) Plan, contact the Trustee(s) with whom you have invested your accounts at the telephone number listed above. Each Trustee may require you to complete certain forms to process your request for benefits. If you need assistance, contact the Benefits Office.

To file a claim under any other plan, contact the insurance company or other provider who administers the benefits under the plan. If you need assistance, contact the Benefits Office.

Claims Appeal Procedure

When a claim is denied, you will receive a written notification of the denial. The notification will explain the reasons for the denial, the additional information or material needed to further review the claim, and the procedure for requesting a review of the denial.

Privacy of Information

Your protected health information will not be disclosed without your written authorization, unless such disclosure is permitted by law. Protected health information is individually identifiable information that is maintained relating to the provision of your health care, such as your medical records, claims payment information, and health care visit and treatment patterns.

Your Rights Under ERISA

As a participant in the Plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plans and Benefits

- Examine without charge, at the Plan Administrator's office, all documents governing the plan, including insurance contracts, collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.
- Obtain a statement telling you whether you have a right to receive a benefit in the Retirement and 401(k) Plans and if so, what your benefits would be if you stop working now. If you do not have the right to a benefit, the statement will tell you how many more years you have to work to get the right to a benefit. This statement must be requested in writing and is not required to be given more than once every twelve (12) months. The plan must provide the statement free of charge.

Continue Group Health Plan Coverage

- Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the plan on the rules governing your COBRA continuation coverage rights.
- Reduction or elimination of exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a pre-existing condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

Prudent Actions by Plan Fiduciaries

- In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plans. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your right under ERISA.

Enforce Your Rights

- If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge and to appeal any denial, all within certain time schedules.
- Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the plan's decision or lack thereof, concerning the qualified status of a domestic relations order or medical child support order, you may file suit in Federal court. If it should happen that plan fiduciaries misuse the plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds that your claim is frivolous.

Assistance With Your Questions

- If you have any questions about your plans, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

The information in this booklet is intended to provide only a summary of BSA's benefits program. Nothing contained in any section of this booklet should be construed as a promise of employment or continued employment, or to constitute contractual obligations. If questions arise, official plan documents and insurance agreements are controlling and govern final determination of benefits consistent with applicable laws and regulations.

BSA maintains the right to modify, suspend, or terminate benefit plans in whole or in part at any time.