Your Frozen Pension Plan
SECURITY FOR YOUR RETIREMENT

Collaborative Laboratory Services
Dear Collaborative Laboratory Services Employee:

Planning for retirement is important, particularly today, when people live long and productive lives beyond their retirement. Part of your planning includes looking at your financial future-estimating what your income needs will be and what resources you will have to meet those needs.

This booklet provides a summary of the Collaborative Laboratory Service Retirement Plan that was frozen as of September 30, 2009. The Plan is designed to provide you with a stable, predictable level of income for your retirement years, as well as protection for your spouse in the event of your death. While your benefit from the plan is frozen and can provide a portion of your retirement income, you are also encouraged to take advantage of the 401(k) plan that is offered through the Collaborative Laboratory Services. It is important that you and your family understand these opportunities for your benefit.

You may contact Maria Rodrigues, Senior Benefits Analyst at 860-714-2143 or via email at mrodrigu@stfranciscare.org to answer any questions you may have about this frozen program.

Sincerely,

Carol Kardas
Plan Administrator
IMPORTANT NOTE: Participation in this Plan closed effective September 30, 2006 with respect to any Participant who was not a Grandfathered Participant. A Grandfathered Participant is a Participant who, as of September 30, 2006, satisfied the following requirements: (a) was actively employed by the Employer, (b) had at least ten years of Credited Service, and (c) the sum of his age plus years of Credited Service was at least fifty-five. This Plan is also frozen with respect to benefit accruals as described herein.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highlights of the Plan</td>
<td>1</td>
</tr>
<tr>
<td>Plan Participation</td>
<td>1</td>
</tr>
<tr>
<td>When You Can Retire</td>
<td>2</td>
</tr>
<tr>
<td>How Your Benefit Is Calculated</td>
<td>2</td>
</tr>
<tr>
<td>How Your Benefit Is Paid</td>
<td>5</td>
</tr>
<tr>
<td>If You Leave Collaborative Laboratory Services Before Your Retire</td>
<td>8</td>
</tr>
<tr>
<td>If You Die Before You Retire</td>
<td>8</td>
</tr>
<tr>
<td>Break-In-Service and Re-employment</td>
<td>9</td>
</tr>
<tr>
<td>Glossary of Terms</td>
<td>9</td>
</tr>
<tr>
<td>Your Rights Under the Plan — ERISA</td>
<td>11</td>
</tr>
<tr>
<td>Miscellaneous Plan Provisions</td>
<td>14</td>
</tr>
<tr>
<td>How the Plan is Administered</td>
<td>16</td>
</tr>
<tr>
<td>Appendix A</td>
<td>19</td>
</tr>
<tr>
<td>Appendix B</td>
<td>21</td>
</tr>
</tbody>
</table>

This summary plan description summarizes the Collaborative Laboratory Services Retirement Plan as in effect on October 1, 2011. Except where noted, Collaborative Laboratory Services means Collaborative Laboratory Services, L.L.C., Collins Medical Management, Inc. and St. Francis Care Medical Group, P.C. (formerly known as Collins Medical Associates, P.C.).
HIGHLIGHTS OF THE PLAN

Below is a brief summary of some of the important features of the Collaborative Laboratory Services Retirement Plan. A more detailed description of each Plan feature is provided in the following sections of this booklet.

- Collaborative Laboratory Services pays the entire cost of the Plan; you contribute nothing.
- Participation in the Plan is automatic once eligibility requirements are met; however, the Plan was frozen with respect to new participation effective September 30, 2006. (See below.)
- The Plan provides you with a benefit based on your age, salary, and length of service with Collaborative Laboratory Services. (See pages 2-4.) However, benefit accruals under the Plan are now frozen. (See page 2.)
- You may begin to receive retirement benefits as early as age 55. (See page 4.)
- If you have at least three years of vesting service with Collaborative Laboratory Services, you may be eligible to receive a retirement benefit at age 65 even if you leave before retiring. (See page 4.)
- If you die before retirement and were vested at the time of your death, your spouse will receive a benefit based on your accrued benefit as of the date of your death. (See page 8.)

PLAN PARTICIPATION

Plan Freeze
Notwithstanding anything in this booklet to the contrary, participation under the Plan closed effective September 30, 2006 with respect to any Participant who was not a Grandfathered Participant. A Grandfathered Participant is a Participant who, as of September 30, 2006, satisfied the following requirements: (a) was actively employed by the Employer, (b) had at least ten years of Credited Service, and (c) the sum of his age plus years of Credited Service was at least fifty-five. No Employee is eligible to begin participation after September 30, 2006, and no Participant is eligible to resume participation in the Plan after September 30, 2009.

When You Become a Participant
You automatically become a Plan participant on the January 1st or July 1st on or after the date you complete one year of eligibility service.

You will have one year of eligibility service if you work at least 1,000 hours during the 12-month period beginning on your date of hire. If you do not work at least 1,000 hours during this period, you will have a year of eligibility service when you complete at least 1,000 hours of service during any future calendar year.

If you were employed by one of the organizations listed in Appendix A, eligibility service includes the elapsed time between your date of hire with Collaborative Laboratory Services.
An hour of service\(^1\) generally is an hour for which you are paid for employment at Collaborative Laboratory Services including certain paid absences.

You are not eligible to participate in the Plan if your terms of employment are governed by a collective bargaining agreement; you are an independent contractor; you are a non-resident alien with no U.S.-source income.

**WHEN YOU CAN RETIRE**

The Plan is designed to give you flexibility about when you can retire, as explained below:

**Normal Retirement**
Your *normal retirement* date is the first day of the month on or after your 65\(^{th}\) birthday.

**Early Retirement**
You may elect to retire as early as age 55 if you have at least three years of *vesting service*. Your *early retirement* date is the first day of any month on or after your 55\(^{th}\) birthday and after completion of three years of vesting service.

**Late Retirement**
If you continue to work beyond age 65, your retirement is considered a deferred retirement. Your deferred retirement date is the first day of the month on or after the actual date you retire. Pension payments start once you leave Collaborative Laboratory Services.

**HOW YOUR BENEFIT IS CALCULATED**

Your monthly pension benefit, payable at age 65, is known as your *accrued benefit*. Your *accrued benefit* is described in detail on the pages that follow. It is important to remember that the Collaborative Laboratory Services Retirement Plan should only be one element of your overall retirement planning. There are several elements that Collaborative Laboratory Services sponsors and to which it contributes, but your own personal savings is also a very important element.

**Plan Freeze.** The *accrued benefit* of each Participant who was employed by Collins Medical Management, Inc. or Collins Medical Associates, P.C. was frozen as of December 31, 1998 and no *credited service* or *annual base pay* of any such Participant attributable to periods after December 31, 1998 will be taken into account for any purpose under the Plan. The *accrued benefit* of each Participant who was not a *grandfathered participant* (see the Glossary of Terms) was frozen as of September 30, 2006 and no *credited service* or annual base pay of any such Participant attributable to periods after September 30, 2006 will be taken into account for any purpose under the Plan. Furthermore, the *accrued benefit* of each *grandfathered participant* was frozen as of September 30, 2009 and no *credited service* or annual base pay of any such *grandfathered participant* attributable to periods after September 30, 2009 will be taken into account for any purpose under the Plan.

\(^1\) Please refer to the “Glossary of Terms” beginning on page 9 for definitions of italicized terms in this booklet.
Social Security Retirement Benefits. Collaborative Laboratory Services contributes the same dollar amount that you contribute. When you are ready to retire, you should apply to your local Social Security Office for your benefits, at least three months ahead of time.

Medicare Health Insurance Program. This program is part of the Social Security retirement benefit program. If you apply for Social Security benefits at your normal retirement age, Medicare coverage will automatically begin. (It is important to note that if you delay your Medicare coverage, your premium for this insurance will be increased at the time you do commence coverage.)

Your Personal Savings Plan. You should establish and maintain your own personal savings for your retirement.

Regular Retirement Benefit. For each calendar year, beginning with 1995, that you receive one year of credited service,* your monthly Regular Retirement Benefit increases by the following amount:

*If you received less than one year of credited service in a particular calendar year the increase in your Regular Retirement Benefit for that year is multiplied by the fraction of a year of service that you were credited with for that year.

<table>
<thead>
<tr>
<th>Your Annual Base Pay up to one-half of the Social Security Taxable Wage Base multiplied by 1.5%.</th>
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<tr>
<td>Your Annual Base Pay in excess of one-half of the Social Security Taxable Wage Base multiplied by 2.0%.</td>
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<tr>
<td>= Your increase in annual pension benefit.</td>
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<tr>
<td>÷ 12 = Your increase in monthly pension benefit</td>
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Example
1. One-half of the Social Security wage base (for 2009) $53,400
2. Annual base pay $55,000
3. Lower of item 1 and item 2 $53,400
4. 1.5% of item 3 $801.00
5. Excess of item 2 over item 1, but not less than zero $1,600.00
6. 2% of item 5 $32.00
7. Annual benefit for this year of service, item 4 and item 6 $833.00
8. **Monthly regular retirement Benefit for this year of service, item 7/12**

$ 69.42

The monthly Regular Retirement Benefit for the employee in this example increases by $69.42 for this one year of service. If the same amount was earned for each of 30 years of service, the total monthly Regular Retirement Benefit at retirement would be $2,082.60.

**Normal Retirement Benefit**

If you retire on your normal retirement date (the first of the month after you reach age 65), the monthly benefit payable to you is equal to your full accrued benefit. Your benefit may be adjusted, depending on the form of payment you choose. (See pages 6-7.)

**Early Retirement Benefit**

You may retire early if you are at least age 55 and have three or more years of vesting service. Your retirement benefit would be based on your accrued benefit as of your early retirement date. You can begin receiving your benefit on the first day of any month between your early retirement date and the date you reach age 65. If you elect to receive benefits before age 65, your monthly benefit will be reduced by a certain percentage based on your age when payments start, as follows:

<table>
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<th>Age When Benefit Payments Start</th>
<th>You Will Receive This Percentage of Your Accrued Benefit</th>
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<tr>
<td>65</td>
<td>100%</td>
</tr>
<tr>
<td>64</td>
<td>93.3</td>
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<tr>
<td>63</td>
<td>86.6</td>
</tr>
<tr>
<td>62</td>
<td>79.9</td>
</tr>
<tr>
<td>61</td>
<td>73.2</td>
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<td>60</td>
<td>66.5</td>
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<td>59</td>
<td>63.2</td>
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<td>58</td>
<td>59.9</td>
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<td>57</td>
<td>56.6</td>
</tr>
<tr>
<td>56</td>
<td>53.3</td>
</tr>
<tr>
<td>55</td>
<td>50.0</td>
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If the date on which your benefits start is not your birth date – for example, you are 62 years and 6 months old – the percentage of your accrued benefit is prorated between the percentages at age 62 and age 63. Continuing with this example, if you are age 62 and 6 months old, you would receive 83.3% of your accrued benefit. This percentage is determined by adding the age 62 percentage (79.9) to one-half of the difference between the age 62 and 63 percentages (86.6 – 79.9 = 6.7, and ½ of 6.7 = 3.35 which would be rounded to 3.4). Your percentage would be 83.3 (79.9 + 3.4).
Your early retirement benefit may be further adjusted, depending on the form of payment you choose. (See pages 6-7.)

Late Retirement Benefit
If you retire after age 65, the monthly benefit payable to you is equal to your accrued benefit as of your actual retirement date. Your late retirement benefit may be adjusted, depending on the form of payment you choose. (See pages 6-7.)

If you have received benefit payments before your actual retirement date, your benefit at retirement will be adjusted to reflect those payments, but will not be less than the benefit you would have otherwise received.

Maximum Benefits
Government regulations restrict both the amount of compensation that may be used in computing your benefit ($245,000 in 2009), as well as the amount of benefits payable from qualified defined benefit plans, such as ours. These maximum amounts are (generally) adjusted annually. When you retire, you will be notified if you have reached these limits.

HOW YOUR BENEFIT IS PAID

Your retirement amount calculated under the benefit formula is the amount you would receive under a life annuity – that is, monthly payments during your lifetime only. Other payment options, however, with provisions for payments to your spouse or other beneficiary after your death, are available. In order to ensure that your benefit payments begin on time, you should contact the Department of Human Resources at least 90 days before you plan to retire.

Normal Forms of Payment
If you make no election, your monthly benefit will be paid as follows:

For single employees: Life Annuity. You will receive monthly payments as long as you live. After your death, payments will stop; no further payments will be paid to any survivor.

For married employees: 50% spouse joint and survivor annuity. You will receive reduced monthly payments for your lifetime, with a survivor’s benefit payable to your spouse upon your death. Your benefit is reduced based on the life expectancies of both you and your spouse.

You may, however, elect 75%, or 100% of your benefit to be continued to your spouse. Your benefit is reduced based on the life expectancies of both you and your spouse and the percentage of benefit you want continued to your spouse. Remember, if you make no election, you will automatically receive the 50% spouse joint and survivor annuity if you are married and the life annuity if you are single.
Optional Forms of Payment
If the normal forms of payment do not meet your needs, you may choose another option as described below.

If you are married and want to elect an optional form of payment, you must obtain your spouse’s written consent within 180 days before benefit payments start. Your spouse must also consent to your beneficiary designation. Your spouse’s signature must be witnessed by the Plan Administrator or a notary public. Spousal consent is not required if the Plan Administrator is satisfied that there is no spouse, the spouse cannot be located, or if other circumstances exist which the Secretary of the Treasury has determined do not require spousal consent.

Your optional forms of payment are:

**Life annuity for married employees.** Under this option, you will receive monthly benefit payments as long as you live. After your death, payments will stop; no further payments will be paid to any survivor.

**Life annuity with guarantee.** This annuity will provide you with reduced monthly payments for your lifetime, with a guarantee that at least 60, 120, or 180 monthly payments will be made to you or your beneficiary. You choose the number of guaranteed monthly payments and designate your beneficiary to receive any remaining guaranteed payments upon your death.

**Lump sum.** Effective for distributions commencing on or after March 28, 2005, you may elect to receive a lump sum payment equal to the actuarial equivalent of your accrued benefit determined as of the date of distribution, provided such lump sum value is greater than $1,000 but not greater than $5,000. You may elect this option without obtaining spousal consent.

Small Benefits
If the present lump sum value of your vested benefit is $1,000 or less ($5,000 or less prior to March 28, 2005) at the time you separate from service with Collaborative Laboratory Services, you will receive your vested benefit in one lump sum payment. If the present lump sum value of your vested benefit is greater than $1,000 but not greater than $5,000 and you do not make an election to rollover your benefit or to receive a lump sum, then the Plan Administrator will direct the Trustee to pay the distribution in a direct rollover to an IRA designated by the Plan Administrator.

How To Elect Your Form of Payment
To apply for benefits, you must file a written application with the Department of Human Resources well before benefit payments begin. The Human Resources representative must receive your application at least 90 days before your actual retirement date – the date you want benefits to begin. You will then receive an explanation of your benefit options and an election form before your scheduled commencement date of benefit payments (first of the month following your date of retirement).
You have at least 30 days to review the explanation of benefit options and the election form. Your benefit payments will not commence until the 30 day review period ends. You are, however, permitted to waive the 30 day period and have benefit payments commence sooner.

You may change your payment option any time before your payments are scheduled to begin. However, once your payments have begun, you cannot change your election.

**Actuarial Assumptions**
The Plan uses specific interest rate and mortality assumptions to determine the actuarial equivalence of different forms of benefits payable under the Plan. These assumptions are modified from time to time in accordance with changes in the law and IRS guidance.

**Important Note:** You cannot elect an option if the election would extend benefit payments beyond the combined life expectancies of you and your beneficiary or would provide a benefit to your beneficiary which is greater than permitted by government regulations. The Plan Administrator will let you know if the method of payment that you elect is not permitted because of these restrictions.

**Taxation of Benefits**
The income tax and withholding rules which apply to your retirement benefits depend upon the form of payment you receive.

**Annuity Payments:** If you receive an annuity form of payment, you are taxed on the payments as ordinary income in the year you receive them. (You can submit a withholding certificate indicating your filing status and number of withholding exemptions to determine the amount of Federal and state tax which is withheld.)

**Lump Sum Payment:** If you receive a lump sum payment of your vested benefit, you are taxed on the full amount of the payment unless: (1) you roll over the full amount to an IRA or a tax-qualified plan within 60 days of the date of distribution; or (2) you have the lump sum transferred directly to an IRA or a qualified plan. A timely rollover or a direct transfer will avoid current Federal and state taxation. Amounts paid directly to you are subject to 20% mandatory Federal income tax withholding; amounts which you elect to have transferred directly to an IRA or qualified plan are not subject to withholding. If you are under age 59½, there may be a 10% additional Federal income tax penalty imposed on your payment if you do not elect a direct transfer or complete a timely rollover.

In the event of your death, your spouse may elect a direct rollover of any lump sum survivor payment. A non-spouse beneficiary (including a trust that is named as a beneficiary) may elect a direct rollover of any lump sum distribution to an IRA.

**Important Note:** You will receive more information concerning the income tax and withholding rules on your retirement benefit at the time you apply for your retirement benefits. In any event, you should consult a qualified tax advisor for more information concerning your particular situation.
Vesting
Vesting refers to your right to receive a benefit. You are fully vested in your Plan benefit when you complete three years of *vesting service* or reach age 65, whichever happens earlier. If you leave Collaborative Laboratory Services prior to attainment of age 65 before you have three years of *vesting service*, no benefit is payable to you under the Plan.

Your Vested Benefit
If you leave Collaborative Laboratory Services before you reach age 65 but after you complete three years of *vesting service*, you are entitled to a vested benefit. The vested benefit is payable on your normal retirement date or on the first day of any month after you reach age 55 with a reduction for early retirement.

Special Vesting Provisions
If you were employed by Collins Medical Management, Inc. or Collins Medical Associates, P.C. on December 31, 1998, you were automatically 100% vested in your accrued benefit regardless of the number of years of *vesting service* you had completed. Your benefit under the Plan was, however, frozen on that date.

IF YOU DIE BEFORE YOU RETIRE

Pre-retirement Survivor Benefits
The Plan automatically provides protection for your spouse in the form of a pre-retirement surviving spouse benefit if you are legally married and vested at the time of your death whether or not you were employed by Collaborative Laboratory Services. Under this provision, monthly benefits are payable to your spouse for his or her lifetime.

The amount of benefit payable to your spouse is calculated based on your accrued benefit as of the date of your death. Your spouse will receive half of the benefit you would have received at retirement under the 50% spouse joint and survivor annuity. The benefit is payable to your spouse on the first of the month following your death or the date you would have reached age 65, whichever is later. Your spouse may elect to receive the benefit as early as the date you would have reached age 55, with the appropriate reduction for early commencement. If the present lump sum value of your spouse’s benefit is $5,000 or less, he or she will receive a lump sum amount in lieu of monthly payments.

After your retirement, any benefits payable upon your death will depend on the form of payment you are receiving. For example, if your benefits are being paid as a life annuity, when you die no further benefits would be payable. If, however, at the time of your death, benefits were being paid as a 50% spouse joint and survivor annuity, a benefit would continue to your spouse for his or her lifetime.
Qualified Military Service
If you die on or after January 1, 2007 while performing “qualified military service” as defined by the Uniformed Services Employment and Reemployment Rights Act, then your survivors are entitled to any additional benefits provided under the Plan as if you had resumed employment and then terminated employment on account of death.

BREAK-IN-SERVICE AND RE-EMPLOYMENT

Plan Freeze
Notwithstanding anything in this booklet to the contrary, as a result of the Plan freeze, no service will be credited for any period of employment after the freeze was applicable to you.

Break-In-Service
A break-in-service is an interruption of your employment with Collaborative Laboratory Services. It establishes the date on which your participation ends, and in the past it was considered in determining your Plan status should you return to work at Collaborative Laboratory Services. If you complete less than 500 hours of service in a service year, you will have a break-in-service. Under certain circumstances, however, your Plan participation will continue, and your service will not be considered broken for periods you are away from work, as described below.

Approved Leaves of Absence. Your Plan participation will continue if you are absent from work for an approved leave of absence. Approved absences are counted toward both vesting and credited service.

If you do not return to work at the end of your leave (or as federal law requires in the case of military leave), your Plan participation will end and your service will be considered broken on the date your leave began.

Re-employment
As of September 30, 2009, no Participant who leaves the Hospital and is later rehired will be permitted to resume participation in the Plan upon rehire. If you left employment and were rehired prior to this date and have questions regarding your participation or service under the Plan, please contact the Plan Administrator.

GLOSSARY OF TERMS

Accrued Benefit
Means the amount of monthly benefit (payable at age 65) that you have earned at any point in time, based on your years of credited service, earnings, and Social Security taxable wage base.

Annual Base Pay
Means your monthly base pay (base hourly rate times scheduled hours as recorded in Collaborative Laboratory Services’s personnel files) accumulated over the Plan Year. If you are paid on a salaried basis and employed 40 hours per week, then your base hourly rate of pay is your monthly salary divided by 173.33; if you are employed fewer than 40 hours per week, then
your base hourly rate of pay is your salary divided by a pro rata amount (for example, if you work 20 hours per week, your monthly salary would be divided by 86.66 to determine your base hourly rate of pay). Base pay does not include overtime, bonuses, or other special compensation. Base pay does, however, include amounts deferred pursuant to salary reduction under the Employer’s 401(k) plan, cafeteria plan, or other tax-qualified retirement plan. Annual Base Pay shall not exceed the limit contained in IRS Code Section 401(a)(17) as indexed ($245,000 in 2009).

Approved Leaves of Absence
An approved leave of absence is an absence approved by Collaborative Laboratory Services, as outlined in Collaborative Laboratory Services’s Human Resources Policies and Procedures. Leaves may be approved, for example, for the period during which you receive Workers’ Compensation benefits or are in active service in the armed forces of the United States. You must return to employment, in accordance with applicable law, upon the expiration of your leave in order to receive credit for your absence.

Credited Service
Means your years of service with Collaborative Laboratory Services. A year of credited service is earned for each service year, beginning October 1, 1995, in which you complete at least 1,000 hours of service as a Participant. Credited service does not include years of service while covered by a collective bargaining agreement, while a leased employee, while working in an ineligible job category or while working for an entity that is not a Participating Employer.

A Participant will be credited with one-half year of credited service in the year he commences participation if he enters the Plan on July 1st.

For calendar year 1995 only, a Participant will be credited with one-quarter year of credited service if he completes 500 or more hours of service as an employee between October 1, 1995 and December 31, 1995.

For calendar year 1996 only, credited service shall include: (1) hours of service with Saint Francis Hospital and Medical Center, and (2) for Employees who become Participants on October 1, 1996, hours of service as an employee prior to October 1, 1996, beginning with the later of: (a) the date you complete one Hour of Service; and (b) January 1, 1996.

For the special computation period beginning January 1, 2006 and ending on September 30, 2006, each Participant (including employees who become Participants effective January 1, 2006 or July 1, 2006) scheduled to work at a rate of 20 or more hours per week during such computation period and employed by the Employer or a Participating Employer on September 30, 2006 shall be credited with one year of credited service for such computation period, without regard to his actual hours of service for such period. Notwithstanding anything to the contrary in this booklet, service after September 30, 2006 shall not be recognized for purposes of determining the credited service of a Participant who is not a grandfathered participant. For the special computation period beginning on January 1, 2009 and ending on September 30, 2009, each grandfathered participant scheduled to work at a rate of 20 or more hours per week and employed by the Employer or a Participating Employer on September 30, 2009 shall be credited with one year of
credited service for such computation period, without regard to his actual hours of service for such period. Notwithstanding anything to the contrary in this booklet, service after September 30, 2009 shall not be recognized for purposes of determining the credited service of a grandfathered participant.

**Grandfathered Participant**
Means any Participant who, as of September 30, 2006, satisfies each of the following requirements: (a) is actively employed by Collaborative Laboratory Services, LLC, (b) has at least ten years of credited service, and (c) the sum of his age plus years of credited service is at least fifty-five (55).

**Hour of Service**
Means an hour for which you are directly or indirectly paid for employment at Collaborative Laboratory Services. For purposes of vesting and eligibility service only, hours of service includes hours of service at Saint Francis Hospital and Medical Center. This includes paid absences of 501 or fewer hours, such as vacations and holidays (i.e., ETO), illness, leave of absence, jury duty, and layoff.

**Service Year**
A service year is the 12-month period beginning every January 1 and ending December 31.

**Social Security Taxable Wage Base**
Social Security Taxable Wage Base means with respect to any calendar year, the contribution and benefit base in effect under Section 230 of the Social Security Act in effect at the beginning of the calendar year. The Social Security Taxable Wage Base shall be subject to annual cost-of-living adjustments. For calendar year 2009, the Social Security Taxable Wage Base equals $106,800.

**Vesting Service**
Means your years of service with Collaborative Laboratory Services, beginning on your date of hire. A year of vesting service is earned for each service year in which you complete at least 1,000 hours of service. Vesting service is used to determine your vested status.

If you were employed by one of the organizations listed in Appendix A, vesting service includes a portion of the elapsed time between your date of hire with such organization until your date of hire with Collaborative Laboratory Services. The maximum length of vesting service with such organizations prior to your date of hire with Collaborative Laboratory Services is 5 years.

**YOUR RIGHTS UNDER THE PLAN - ERISA**
You must file a written application for retirement with the Department of Human Resources before any benefits will be paid. You should contact the Department of Human Resources at least 90 days before you wish to retire. Federal law generally requires that you be provided with your benefit options no more than 180 and no less than 30 days prior to your retirement date. This will allow enough time for your application to be processed so that you will receive your first benefit check soon after your retirement.
ERISA Claims Procedure
If there is a dispute between you and the Plan Administrator, you should follow the claims procedure outlined below.

If your claim is denied, either in whole or in part, you will receive a written notice providing:

1. the specific reason or reasons for the denial;
2. specific reference to the Plan provisions on which the denial is based;
3. the additional information, if any, needed to approve your claim and an explanation why such information is necessary; and
4. a description of the Plan claims review procedure and the time limits applicable to such procedures, including your right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act of 1974 (“ERISA”) following denial of your claim on review.

The notice will be furnished to you within 90 days after receiving your claim. However, if special circumstances require more time for processing your claim, you will be notified in writing before the initial 90 days is up. The notice will explain why an extension is necessary and the date a decision is expected. In no event will an extension go beyond 90 days after the end of the initial 90 days.

You or your authorized representative may request review of a denied claim. Your request must be in writing and must be delivered to the Plan Administrator within 60 days after you receive notice of the denial. As part of the review, you or your authorized representative may submit written comments, documents or other information relating to the claim for benefits, and, upon request and free of charge, you or your authorized representative will be provided reasonable access to, and copies of, all documents, records and other information relevant to your claim for benefits. The Plan Administrator’s review of a denied claim will take into account all comments, documents, records or other information submitted by you or your authorized representative relating to your claim without regard to whether such information was submitted or considered in the initial determination of your claim.

The Plan Administrator will notify you of its decision on review not later than 60 days after receiving your request for review. If special circumstances require more time to reach a decision, it shall be made as soon as possible, but not later than 120 days after receiving your request. If an extension of time is necessary, you will receive a written notice explaining why an extension is necessary and the date by which a decision is expected. A denial on review will be in writing and include:

1. the specific reason or reasons for the denial;
2. reference to the specific Plan provisions on which the denial is based;
3. a statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim for benefits; and

4. a statement of your right to bring a civil action under Section 502(a) of ERISA.

If your claim is denied on review, you may file suit in a state or federal court.

You may not bring a lawsuit on a claim for benefits unless you have exhausted the claim and appeal procedures described above. Any lawsuit must be brought within three years after the date of the final disposition of the claim under these procedures.

In the event of your death, your beneficiary has the same rights and is subject to the same time limits and other restrictions that would otherwise apply to you under the claims procedure described above.

**Statement of ERISA Rights**

As a participant in this Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974, also called ERISA. ERISA provides that all Plan participants are entitled to:

- Examine, without charge, at the Administrator’s office and at other specified locations, all documents governing the Plan, including insurance contracts and collective bargaining agreements (if any), and a copy 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 Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements (if any), and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Administrator may make a reasonable charge for the copies.

- Receive a summary of the Plan’s annual financial report. The 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 retirement benefit at Normal Retirement Age and, if so, what your benefits would be at Normal Retirement Age if you stop working under the Plan now. If you do not have a right to a pension, the statement will tell you how many years you have to work to get a right to a pension. This statement must be requested in writing and is not required to be given more than every twelve months. The Plan must provide the statement free of charge.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. 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 or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a pension benefit or exercising your rights under ERISA.

If your claim for a retirement 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. (See the Article in this Summary entitled “Claims by Participants and Beneficiaries.”)

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Administrator to provide the materials and pay you up to $110.00 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 a medical child support order, you may file suit in federal court.

If the Plan’s 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 if, for example, it finds your claim is frivolous.

If you have any questions about the Plan, you should contact the 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 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.

MISCELLANEOUS PLAN PROVISIONS

Non-assignment of Benefits
Under current law, no part of your benefit may be claimed by a creditor for the payment of a debt you may have incurred, nor may you borrow against or pledge part of your benefit for a loan. The purpose of this legal requirement is to ensure that you will receive the benefits to which you are entitled under the Plan.

The Plan, however, will comply with a qualified domestic relations order. A qualified domestic relations order is a court order involving child support or a marital property settlement. Before
making any payments to an alternate payee, the Plan Administrator must determine that the domestic relations order is “qualified.” Upon request to the Plan Administrator you may obtain, without charge, a copy of the Plan’s procedures for determining the qualified status of domestic relations orders and for administering orders that are determined to be qualified.

**Duplication of Benefits**
You will not receive pension credits under this Plan for any period of employment for which you also receive pension credits under any other defined benefit pension plan to which Collaborative Laboratory Services makes contributions on your behalf.

**Maximum Retirement Benefits**
Pension law provides for maximum limitations on the amount of compensation ($245,000 in 2009) that may be used in computing your benefit as well as on the amount of annual benefits Plan participants may receive. These maximum limitations are subject to rules and regulations which may be issued periodically by the IRS. You will be notified if they apply to you.

**Other Limits**
Effective October 1, 2008, additional limits on benefits may apply if the Plan’s funded status fall below specified percentages. Specifically, the new limits may preclude (a) Plan amendments increasing pension benefits, (b) the payment of part or all of a participant’s benefit in the form of a lump sum payment (if available) or (c) additional benefit accruals under the Plan. You will be notified if the Plan’s funded status changes and one of these limits is triggered.

**Top-heavy Plan Requirements**
Pension law requires that certain Plans provide minimum benefits and accelerated vesting. Such a Plan is referred to as a “top-heavy Plan” because a large portion of the Plan assets are accumulating on behalf of highly-paid employees. We do not expect this Plan to fall within the category of a top-heavy Plan, but you will be notified of any changes if the Plan does become top-heavy.

**Amendment or Termination of the Plan**
It is intended that the Plan be continued indefinitely, although Collaborative Laboratory Services reserves the right to amend, modify, or terminate it. However, in no event can money be returned to Collaborative Laboratory Services until all liabilities under the Plan have been satisfied. To the extent funded, you will be 100% vested in your accrued benefit upon termination of the Plan.

**Pension Benefit Guaranty Corporation**
Your pension benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC), a federal insurance agency. If the Plan terminates (ends) without enough money to pay all benefits, the PBGC will step in to pay pension benefits. Most people receive all of the pension benefits they would have received under the Plan, but some may lose certain benefits.

The PBGC guarantee generally covers: (1) normal and early retirement benefits; (2) disability benefits (if any) if you become disabled before the Plan terminates; and (3) certain benefits for your survivors.
The PBGC guarantee generally does not cover: (1) benefits greater than the maximum guaranteed amount set by the law for the year in which the Plan terminates; (2) some or all of benefit increases and new benefits based on Plan provisions that have been in place for fewer than 5 years at the time the Plan terminates; (3) benefits that are not vested because you have not worked long enough for the Employer; (4) benefits for which you have not met all of the requirements at the time the Plan terminates; (5) certain early retirement payments (such as supplemental benefits that stop when you become eligible for Social Security) that result in an early retirement monthly benefit greater than your monthly benefit at the Plan’s normal retirement age; and (6) non-pension benefits, such as health insurance, life insurance, certain death benefits, vacation pay, and severance pay.

Even if certain of your benefits are not guaranteed, you still may receive some of those benefits from the PBGC depending on how much money the Plan has and on how much the PBGC collects from employers.

For more information about the PBGC and the benefits it guarantees, ask your Administrator or contact the PBGC’s Technical Assistance Division, 1200 K Street N.W., Suite 930, Washington, D.C. 20005-4026 or call 202-326-4000 (not a toll-free number). TTY/TDD users may call the federal relay service toll-free at 1-800-877-8339 and ask to be connected to 202-326-4000. Additional information about the PBGC’s pension insurance program is available through the PBGC’s website on the Internet at http://www.pbgc.gov.

HOW THE PLAN IS ADMINISTERED

Name of Plan
The name of the Plan is the Collaborative Laboratory Services Retirement Plan.

Plan Number
002

Trustee
The trustee of the Plan is:

Bank of America Corporate Center
100 North Tryon Street
Charlotte, NC 28255

Telephone: 704-386-5681
Fax: 704-386-6699

Plan Year
The Plan Year is the 12-month period used for maintaining the Plan’s financial records. The Plan Year begins on October 1 and ends on September 30.
Plan Sponsor/Employer
The Plan is sponsored and maintained by:

    Collaborative Laboratory Services, LLC
    114 Woodland Street
    Hartford, CT 06105

Employer ID Number
06-1432326

Participating Employers
In addition to Collaborative Laboratory Services, LLC, certain other related companies have adopted this Plan. Please refer to Appendix B for a list of the participating employers.

Type of Plan
Defined benefit pension plan

Type of Administration
Trustee

Plan Administrator

    Saint Francis Hospital and Medical Center Retirement Committee
    Saint Francis Hospital and Medical Center
    114 Woodland Street
    Hartford, CT 06105

    Telephone: 860-714-2665

The Retirement Committee has the discretionary authority to, among other things, interpret the terms of the Plan and determine eligibility for benefits.

The Saint Francis Hospital and Medical Center Finance Committee has the sole and exclusive authority with respect to the funding and the management and investment of the assets of the Plan. The Finance Committee’s contact information is:

    Saint Francis Hospital and Medical Center Finance Committee
    Saint Francis Hospital and Medical Center
    114 Woodland Street
    Hartford, CT 06105

    Telephone: 860-714-2665

17
If you have any question about the Plan, you should contact:

Saint Francis Hospital and Medical Center
Attn: Benefits Section
Department of Human Resources
114 Woodland Street
Hartford, CT 06105

Telephone: 860-714-2665

**Legal Process**

Legal process may be served upon the Plan Administrator or the Trustee at the addresses set forth above.
APPENDIX A

Sirmathi Balakrishna, M.D.

Bechara Barrak, M.D.

Blue Hills Family Medicine

Cardiology Associates of Hartford

Francis Curis, M.D.

Joel Danisi, M.D.

East Hartford Family Medicine

Enfield Pediatrics

Family Medicine Specialists of Glastonbury

Medical Associates

Paul Gagnon, M.D.

Douglas Gerard, M.D.

Philip Goldenberg, M.D.

Charles Kantor, M.D.

Marvin Levine, M.D.

Donna McHugh, M.D.

Danilo Pangilinan, M.D.

John Papandrea, M.D.

Nima Patel, M.D.

Sidney Perlman, M.D.

Chitra Ramanan, M.D.

Joseph Ungar, M.D.
Jayashree Venkatesh, M.D.

Herbert Werner, M.D.
APPENDIX B

Participating Employers

The Plan has been adopted by the following related companies:

Collins Medical Associates – 2 P.C. (but solely with respect to Employees of Collins Medical Associates – 2 P.C. who were formerly employed by either Collins Medical Management, Inc. or Collins Medical Associates, P.C.)

Saint Francis Care Medical Group P.C.
We appreciate your service and commitment