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This *Benefits Update* includes important information about your AFTRA Health and Retirement Plan benefits. Please keep this *Benefits Update* with your AFTRA Health and Retirement Plan documents and share this information with your family.

Motion Picture & Television Fund providers join CIGNA PPO network

Participants now have in-network access to MPTF health centers and physicians in Southern California

AFTRA Health Plan participants now have in-network access to the Motion Picture & Television Fund (MPTF) health centers and physicians in the Los Angeles area following a recent network agreement between CIGNA and the MPTF. Effective Oct. 1, 2011, participants may visit any MPTF provider and receive network benefits for covered services as they do for services from other CIGNA network providers.

The MPTF is a health and human services organization dedicated exclusively to serving entertainment industry performers and their family members. The MPTF operates seven health centers and employs more than 40 physicians and other health care professionals in Southern California. To view a complete listing of MPTF facilities and physicians, as well as additional information for AFTRA Health Plan participants, visit www.mptvfund.org/aftra.

Because MPTF providers are exclusive to members of the entertainment industry and their dependents, please note that MPTF providers are not listed in CIGNA's online provider directory. To locate an MPTF network provider, you must visit www.mptvfund.org/aftra or call MPTF at (800) 876-8320.

In addition to providing health and medical services, the MPTF also provides other services to entertainment industry members, such as:

- Health and wellness services, including a state-of-the-art fitness center;
- Retirement living;
- Social and charitable services; and
- Child care.

For additional information, visit www.mptvfund.org.

Reminder: Health Plan premiums increase effective Jan. 1, 2012

The Health Plan's annual 5% premium increase will become effective for the first quarter of 2012 (premium due date Dec. 23, 2011). The new 2012 Health Plan premiums are listed below:

New quarterly premiums for active coverage (effective Jan. 1, 2012)

- Participant only ... \$381 per quarter
- Participant and legal spouse / domestic partner ... \$668 per quarter
- Participant and children ... \$668 per quarter
- Full family ... \$732 per quarter

New quarterly buy-up premiums for active coverage (effective Jan. 1, 2012)

If you only qualify for individual coverage under the AFTRA Health Plan, you may choose to "buy up" to family coverage by paying a buy-up premium, in addition to the individual premium, each quarter.

- Participant plus one dependent ... \$2,446 per quarter (\$381 plus a buy-up premium of \$2,065)
- Participant plus two or more dependents ... \$4,315 per quarter (\$381 plus a buy-up premium of \$3,934)

If you have arranged for automatic premium payments to AFTRA H&R with your bank or other financial institution, you must notify them of the increased premium amount and confirm the current payment address as soon as possible (see premium payment checklist below).

Please note that while total premium amounts required for buy-up coverage effective Jan. 1, 2012 (which are listed above) reflect a slight increase due to the change in the individual premium, the total amounts for buy-up coverage will likely rise again effective April 1, 2012. This is due to the expected increase in the buy-up premium, and any increase in the buy-up premiums for April 1, 2012 will be announced as soon as this information is available.

To view the current premium amounts at any time, visit www.aftrahr.com ("Health Fund" | "Premiums").

Paying by check or through your bank's online bill payment service? Don't forget to include your Account No. on the memo line of each payment check. Refer to the premium payment checklist below for complete information.

Premium payment checklist: What you must do when paying your premium

To ensure that your Health Plan premium payment is received on-time and processed as quickly as possible, please remember to take the steps listed in the sections below before paying your premium.

When paying your premium online at www.aftrahr.com ...

- **Pay your premium in full by the due date.** To make an online payment, visit www.aftrahr.com and click the "Pay premiums" button in the lower right corner of the page. Online payments are only accepted through the end of the day (11:59 p.m. Eastern Time) on the invoice's due date. Premium payments made after the due date but before the end of the late payment period must be paid by check.

When using an online bill payment service from your bank or other financial institution to pay your premium ...

- **Update the payment amount with your financial institution's online bill payment service to match the current premium.**
 - Individual and family coverage premiums change at the beginning of each calendar year on Jan. 1, and buy-up premiums typically are adjusted each year on April 1. Additionally, from time to time, your premium may change due to changes in the coverage status of you or your dependents.
 - **Important: If you use a financial institution's online bill payment service, you must contact the institution to update the amount of your premium payment for the first quarter of 2012**

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to reflect the Jan. 1, 2012 premium increases announced on page 2. To view the most current premium amounts at any time, visit www.aftrahr.com (“Health Fund” | “Pay premiums.”)

- ***Instruct your financial institution to include your Account No. (a new ID number from AFTRA H&R printed on your invoice) on the memo line of each premium payment check.*** The Account No. is a new identification number utilized by AFTRA H&R’s premium billing system, and it is different from your H&R Funds No. **Failure to include your Account No. will result in a delay in recording your Health Plan premium payment in AFTRA H&R’s systems.**
- ***Instruct your financial institution to mail the premium payment check to AFTRA H&R 7–10 days prior to the due date.*** Not only should you allow time for the payment to mail, but note that it can take up to five business days for a premium payment check to be processed after it is received by AFTRA H&R.
- ***Keep your financial institution updated with the correct mailing address for Health Plan premium payments.*** AFTRA H&R announced a change to the mailing address for premium payments earlier this year. All premium payments should now be mailed to the following address:

AFTRA Health Fund Premium
P.O. Box 5034
New York, NY 10087-5034

When you write and mail your premium payment check to AFTRA H&R ...

- ***Write the check for the correct premium payment amount.***
 - Individual and family coverage premiums change at the beginning of each calendar year on Jan. 1, and buy-up premiums typically are adjusted each year on April 1. Additionally, from time to time, your premium may change due to changes in the coverage status of you or your dependents.
 - **Important: You must write the check for your premium payment for the first quarter of 2012 for a new amount to reflect the Jan. 1, 2012 premium increases announced on page 2.** To view the most current premium amounts at any time, visit www.aftrahr.com (“Health Fund” | “Pay premiums.”)

- ***Tear off the coupon attached to your invoice and mail it with your check.*** The tear-off premium payment return coupon includes your Account No. (a new identification number utilized by AFTRA H&R’s premium billing system), and it is crucial that AFTRA H&R receives your Account No. with each payment check. You should also write your Account No. on the memo line of each payment check to help ensure that the payment is processed correctly and promptly. **Failure to include your Account No. will result in a delay in recording your Health Plan premium payment in AFTRA H&R’s systems.** Please remember that the Account No. is a new identification number utilized by AFTRA H&R’s premium billing system, and it is different from your H&R Funds No.
- ***Mail your premium payment check to AFTRA H&R 7–10 days prior to the due date.*** Not only should you allow time for the payment to mail, but note that it also takes up to five business days for a premium payment check to be processed after it is received by AFTRA H&R.
- ***Ensure that you send your payment to the correct address.*** AFTRA H&R announced a change to the mailing address for premium payments earlier this year. All premium payments should now be mailed to the following address:

AFTRA Health Fund Premium
P.O. Box 5034
New York, NY 10087-5034

Lifestyle management programs: Learn more at MyCareAllies.com

Learn about tobacco cessation, weight management and stress management programs available from CIGNA at MyCareAllies.com. To login to the site, provide the Group ID “aftra” to access the MyCareAllies page exclusively for AFTRA Health Plan participants.

Generic version of cholesterol drug Lipitor expected soon

If you take the brand name prescription drug Lipitor (atorvastatin) to control your cholesterol, soon you will have the opportunity to save money by choosing a new generic equivalent version of the drug.

Lipitor has been the top-selling brand name medication worldwide. But with the expiration of Pfizer's patent on Lipitor, a generic equivalent version of atorvastatin is expected to be launched on, or soon after, Nov. 30. Participants will receive a mailing from Medco in December with additional information about the new generic atorvastatin.

It is important to remember that the Food and Drug Administration requires that generic equivalent medications have the same active ingredients with the same quality, safety and effectiveness as their brand name counterparts.

If you currently take Lipitor and you wish to save money by choosing to receive this same medication as a generic, ask your doctor to write you a new prescription for atorvastatin once it is available. Or if you currently take another medication to control your cholesterol and you would like to learn more about this new generic drug as a possible alternative, talk to your doctor.

Remember that each prescription for a long-term medication (taken for three months or more) may be filled no more than twice at a network retail pharmacy, with the applicable retail copayment. All subsequent prescriptions for each long-term medication must be filled through Medco Pharmacy. If you continue to purchase a long-term medication at a retail pharmacy after the first two fills at a retail pharmacy, you will pay the entire cost of the medication.

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What is the difference between a generic equivalent and a generic alternative?

A generic equivalent medication is the same medication as its brand-name counterpart (as described below), while a *generic alternative* is a different, but similar, medication used to treat the same condition.

Generic equivalents

To be considered a *generic equivalent* medication, the generic drug must:

- contain the same active ingredients as the brand-name drug;
- be identical in strength, dosage form and route of administration;
- have the same use indications;
- be bioequivalent;
- meet the same batch requirements for identity, strength, purity and quality; and
- be manufactured under the same strict standards of the FDA's good manufacturing practice regulations required for brand-name products.

When you choose a generic equivalent medication, you're getting a bioequivalent drug that is the same medication as the brand name version of the drug in every important respect except, possibly, one or more inactive ingredients. Generic equivalent medications look different from the brand-name medications because certain inactive ingredients, such as colors and flavorings, may be different. These ingredients do not affect the performance, safety or effectiveness of the generic drug. They look different because trademark laws in the United States do not allow a generic medication to look exactly like other drugs already on the market.

Generic alternatives

Whether or not there is a generic equivalent medication available for the brand name drug you're taking, you should know that there are usually one or more generic alternatives to most brand medications. A generic alternative medication is a different, but similar, medication that, for some patients, is effective in treating the same condition. If you have questions about possible generic alternatives to a drug that you're taking, talk to your doctor.

For example, omeprazole is a generic equivalent of the brand-name drug Prilosec – they are different versions of the same medication prescribed for the treatment of heartburn and acid reflux. However, omeprazole is also a generic alternative to the brand-name drug Nexium, which is a slightly different medication used to treat the same conditions.

Generics offer cost savings

If you are prescribed a drug for which a generic equivalent is available, you will generally pay much less out-of-pocket if you purchase the generic equivalent instead of the brand name drug. If there is no generic equivalent available for a brand name medication that you're taking, you may also save money if you and your doctor decide that a generic alternative medication may be effective for you.

For additional information about brand name drugs and generic equivalent and alternative medications which may be available, go to www.medco.com and log in (you must first register with the site) to use the interactive program My Rx Choices, which is available from the left-hand navigation menu.

Ordering through Medco Pharmacy

With Medco Pharmacy, you receive up to a 90-day supply of long-term medications by paying a single mail-order copayment. Prescriptions are conveniently delivered to you by mail, and standard shipping is free. Medco Pharmacy also offers 24/7 telephone access to specialist pharmacists with expertise in medications used to treat specific conditions.

For additional information, contact Medco at (800) 903-8343 or call AFTRA H&R Participant Services at (800) 562-4690. For more detailed information about prescription drug benefits under the AFTRA Health Plan, please refer to pages 50-56 of the 2011 AFTRA Health Plan Summary Plan Description, which is available at www.aftrahr.com (“Health Fund” | “Health Plan SPD”).

Annual to-do list: Keep your benefits up-to-date

To keep your benefits up-to-date, listed below are items that Health and Retirement Plan participants should check or verify regularly – preferably once a year.

- **Confirm and/or update your mailing address.** AFTRA H&R regularly mails performers important information about their benefits. You should always notify AFTRA H&R when you move or change business representatives by submitting a completed Performer Address Change Form, which is available at www.aftrahr.com (“Forms” | “General forms”) and verify regularly that AFTRA H&R has your current contact information on file by calling Participant Services at (800) 562-4690.
- **Request a pension analysis.** If you are vested in the Retirement Plan, but you have not yet begun receiving your pension, you should request an updated pension analysis at regular intervals. A pension analysis provides a comparison of your monthly payment amounts (based on your benefit earned to date) under the different options available under the Retirement Fund. While you can request a pension analysis at any time — even years before you plan to retire — by calling Participant Services at (800) 562-4690, be sure to request a current analysis within three months of the date you want to retire. Please remember that a pension analysis is only an estimate. Your actual benefit will be calculated when you retire.
- **Update your beneficiaries.** It is important that you keep your beneficiary information up-to-date – both your beneficiary for the life insurance benefit (if you have active coverage) or death benefit (if you have Senior Citizen Health Program Coverage) under the Health Plan, and the beneficiary for any pension benefits due to you under the Retirement Plan.
 - If you are a Health Plan participant, you originally designated your life insurance (or Senior Program death benefit) beneficiary at enrollment. To update your beneficiary, complete the beneficiary section on a new Health Plan Performer Enrollment Form (or a new Senior Citizen Health Program Enrollment Form) available at www.aftrahr.com (“Forms” | “Health forms”) and submit it to AFTRA H&R. If you name your spouse as your designated beneficiary and then divorce or become legally separated, the divorce or separation does not automatically revoke your prior designation, so keep your beneficiary information up-to-date.
 - For your Retirement Plan benefits, if you are married when you retire, your spouse is your beneficiary for your Retirement Fund benefits, unless your spouse consents in writing (on the Application for Retirement Benefits Form) to you naming another person. In order to designate a beneficiary or to change a beneficiary you previously designated, you must submit a completed Designation of Beneficiary Form, which is available at www.aftrahr.com (“Forms” | “Retirement forms.”), to AFTRA H&R. Once you begin receiving pension payments, your beneficiary can’t be changed. For additional information, refer to the Retirement Plan SPD, which is available at www.aftrahr.com (“Retirement Fund” | “Retirement Plan SPD”).

For additional information about designating beneficiaries, refer to the current Health Plan SPD and Retirement Plan SPD, which are available at www.aftrahr.com.

AFTRA H&R welcomes three new Trustees

AFTRA H&R is pleased to welcome Ms. Andrea Finkelstein, Senior Vice President, Business Affairs, Operations & Administration, for Sony Music Entertainment; Ms. Roberta Reardon, National President, American Federation of Television and Radio Artists (AFTRA); and Mr. David J. Silberman, Executive Counsel, Labor Relations, for ABC, Inc. to the AFTRA H&R Board of Trustees. Ms. Finkelstein and Mr. Silberman are serving as Producer (Employer) Trustees, and Ms. Reardon is serving as a Union Trustee, for AFTRA H&R.

Ms. Finkelstein oversees the mechanical licensing department and various centralized Business Affairs functions for Sony Music, while also advising on royalty and other business issues. She has represented Sony Music in collective bargaining with AFTRA and the American Federation of Musicians for more than 20 years. Ms. Finkelstein has served as Sony Music's representative for SoundExchange ever since the non-profit performance rights organization was founded, and she also serves on various committees of the Recording Industry Association of America.

Ms. Reardon was first elected AFTRA National President in July 2007 by unanimous vote at the union's 61st AFTRA National Convention. Before being elected National President, she served as AFTRA New York Local President and AFTRA National Second Vice President. Ms. Reardon was elected a Vice President of the AFL-CIO in September 2009, and she sits on the Arts & Entertainment committee of the New York State Federation of the AFL-CIO. Professionally, Ms. Reardon began her career performing in daytime dramas. She has since appeared in hundreds of commercials for a variety of sponsors. She also does television voiceover work, radio commercials and industrial films and narration. Additionally, she has performed many diverse roles in New York and regional theater.

As a member of ABC's Labor Relations executive team, Mr. Silberman helps negotiate, interpret and enforce the union contracts covering employees of ABC and its owned and operated television and radio stations. ABC's employees are represented by a large number of unions and guilds, including AFTRA, the Directors Guild of America, the Writers Guild of America, International Alliance of Theatrical Stage Employees and the National Association of Broadcast Employees & Technicians. Prior

to joining ABC Labor Relations in July 2002, Mr. Silberman served as an attorney for Grotta, Glassman & Hoffman, a firm which represents management in labor and employment law matters.

The AFTRA Health & Retirement Funds are governed by a Board of Trustees with representation from both AFTRA and contributing industry employers. The Trustees are responsible for setting the benefits, rules and regulations of the Funds and generally overseeing AFTRA H&R operations.

Summary Annual Report for the AFTRA Health Plan

This is a summary of the annual report of the AFTRA Health Plan, EIN 13-3467049, Plan No. 502, for period Dec. 01, 2009 through Nov. 30, 2010 (the Plan Year). The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance information

The Plan has contracts with The Guardian Life Insurance Company and Aetna Life Insurance Company to pay dental, life insurance and accidental death and personal loss claims incurred under the terms of the Plan. The total premiums paid for the Plan Year ending Nov. 30, 2010 were \$572,181. All other benefits are self-insured, with the Board of Trustees of the AFTRA Health & Retirement Funds committing that the AFTRA Health Plan will itself pay all claims other than dental, life insurance and accidental death and personal loss claims incurred under the terms of the Plan.

Basic financial statement

The value of Plan assets, after subtracting liabilities of the Plan, was \$150,147,909 as of Nov. 30, 2010, compared to \$122,593,486 as of Dec. 01, 2009. During the Plan Year the Plan experienced an increase in its net assets of \$27,554,423. This increase includes unrealized appreciation and depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the begin-

ning of the year or the cost of assets acquired during the year. During the Plan Year, the Plan had total income of \$124,421,608, including employer contributions of \$90,886,539, participant contributions of \$21,799,949, realized gains of \$3,296,844 from the sale of assets, earnings from investments of \$8,320,338, and other income of \$117,938.

Plan expenses were \$96,867,185. These expenses included \$16,071,311 in administrative expenses, and \$80,795,874 in benefits paid to participants and beneficiaries.

Your rights to additional information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information and information on payments to service providers;
- assets held for investment;
- loans or other obligations in default or classified as uncollectible;
- transactions in excess of 5% of the Plan assets;

- insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees, AFTRA Health Fund at 261 Madison Ave., Fl. 8, New York, NY 10016-2312, or by telephone at (212) 499-4800. The charge to cover copying costs will be \$11.50 for the full annual report of the AFTRA Health Fund and \$20.20 for the AFTRA Retirement Fund, \$0.10 for any page thereof.

You also have the right to receive from the Plan administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the Plan (Board of Trustees, AFTRA Health Fund, 261 Madison Ave., Fl. 8, New York, NY 10016-2312) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Are you carrying your current Health Plan ID card?

You should always carry your current Health Plan ID card and make sure that your health care providers have a copy of your most current ID card on file. This is crucial because your ID card has important information – such as how to submit claims or obtain pre-authorization for inpatient hospital care – for you and for providers who submit claims on your behalf.

The most current Health Plan ID card (effective Jan. 1, 2011) was issued and mailed to Health Plan participants with active coverage in December 2010. To verify that you are carrying the current Health Plan ID card, look for the AFTRA H&R and CIGNA logos on the front of the card, and on the back, look for "Rev. 1/11" in the lower right corner. (Please note that you should also have a separate ID card for prescription drug, dental, mental health and chemical dependency benefits, which is identified by the Medco logo in the lower left corner. Carry this card along with your current Health Plan ID card.)

To request additional copies of your Health Plan ID card for you or an enrolled dependent, call Participant Services at (800) 562-4690.

Important contact information

- AFTRA H&R Participant Services, (800) 562-4690, www.aftrahr.com
- CIGNA HealthCare, (800) 768-4695, www.cignasharedadministration.com
- CIGNA's 24-hour Nurseline, (800) 768-4695
- ValueOptions, (800) 704-1421

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Christine Dubois
AFTRA Health & Retirement Funds
261 Madison Avenue
New York, NY 10016

Important information

You should take the time to read this *Benefits Update* carefully and share it with your family. It is very important that you retain this notice, which is intended to serve as a Summary of Material Modification (SMM), with the 2011 Health Plan SPD. While every effort has been made to make this SMM as complete and as accurate as possible, it does not restate the existing terms and provisions of the Plan other than the specific terms and provisions it is modifying. If any conflict should arise between this summary and the terms of the SPD (other than with respect to the specific terms and provisions this summary is modifying), or if any point is not discussed in this summary or is only partially discussed, the terms of the SPD will govern in all cases. The Board of Trustees of the AFTRA Health and Retirement Funds or its duly authorized designee reserves the right, in its sole and absolute discretion, to interpret and decide all matters under the Plan. The Board also reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan or any benefits provided under the Plan (or qualification for such benefits), in whole or in part, at any time and for any reason (including with respect to retirees and with respect to benefits already earned).