



HEALTHPLUS PROGRAM  
Retiree Medical  
Account

SUMMARY PLAN  
DESCRIPTION

Effective January 1, 2006



## **Introduction**

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This booklet is a Summary Plan Description ("SPD") of the ICI HealthPlus Program Retiree Medical Account ("RMA"). The RMA provides eligible employees with an account which is credited \$200 for each full month of RMA Service up to a lifetime maximum of \$48,000.

The benefits payable under the RMA are unfunded and payable from the general assets of the Participating Employers listed on page 16 of this booklet. RMA benefits are subject to the claims of the general creditors of the Participating Employers.

This booklet describes, in general terms, the highlights of the RMA. The actual provisions of the RMA are detailed in the official plan document. If there is any difference between the information in this booklet and the plan document, the plan document will govern.

The Board of Directors of ICI US Inc. reserves the right to change or end the RMA at any time.

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## Definitions

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**Access Coverage** – medical and dental coverage under the Pre-Age 65 Post Retirement Medical Plan or the Medicare Supplement Plan, with the retiree paying one hundred percent (100%) of the cost of coverage.

**Approved Medical Plan** – the ICI HealthPlus Program Medical Plan and any other group health plan designated as an Approved Medical Plan by the Plan Sponsor.

**Eligible Dependents** – any person who would be an eligible dependent under the rules of the Pre-Age 65 Post Retirement Medical Plan or the Medicare Supplement Plan, as applicable.

**ICI Group** – the Participating Employer and any entity in which Imperial Chemical Industries PLC owns, directly or indirectly, eighty percent (80%) or more of the voting power or value.

**Ineligible Stores Associate** – a non-supervisory employee with the title of Stores Associate, working in a paint store of The Glidden Company d/b/a ICI Paints, who did not have 55 or more points on December 31, 2000, with one point for each year of age and service.

**Medicare Supplement Plan (MSP)** – the plan(s) providing medical insurance coverage supplementing Medicare Part B and prescription drug coverage under a Medicare Part D prescription drug plan offered to eligible retirees age 65 and older.

**Participating Employer** – the participating employers listed at the end of this booklet, individually and collectively.

**Plan Year** – the calendar year.

**Pre-Age 65 Post-Retirement Medical Plan** – the medical and prescription drug coverage provided to eligible retirees and eligible dependents under age 65 through the ICI HealthPlus Medical Plan.

**Premium** – the estimated annual cost of coverage, as determined by the actuary under the Pre-Age 65 Post Retirement Medical Plan and the annual cost of coverage under the Medicare Supplement Plan.

**Retiree Medical Account (RMA)** – an individual account which is reflected as a liability on the books of a Participating Employer. The benefits payable under the RMA are unfunded and payable from the general assets of the Participating Employers. They are subject to the claims of the Participating Employers' general creditors.

**RMA Credit** – an amount credited to your Retiree Medical Account.

**RMA Service** – service with the Participating Employer that is used to determine the amount credited to the Retiree Medical Account prior to retirement.

**Rx** – prescription drugs.

**Vesting Service** – service with the ICI Group that is used to determine eligibility for Access Coverage and utilization of the RMA.

## Participating in the Retiree Medical Account (RMA)

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### ELIGIBILITY

Generally, you will be eligible for the RMA if you are eligible to participate in an Approved Medical Plan and:

- you have been actively employed by a Participating Employer since January 1, 2006 and were age 40 or younger on January 1, 2006; or
- you are hired, rehired or transferred from a non-participating member of the ICI Group to a Participating Employer on or after January 1, 2006, regardless of age.

You are not eligible for the RMA if:

- you are not eligible for active employee medical and Rx coverage under an Approved Medical Plan;

- you are a temporary, seasonal or leased employee;
- you are a part time employee regularly scheduled to work less than twenty (20) hours per week;
- you are a member of a collective bargaining unit that has not bargained to be covered by the RMA;
- you are eligible - or would be eligible after the passage of time - for a subsidized post-retirement medical benefit under a defined benefit post retirement welfare plan sponsored or maintained by a member of the ICI Group; or
- you are an Ineligible Stores Associate.

## How Your Service Is Counted

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Service is counted for the following purposes:

- Eligibility for Access Coverage;
- Utilization of the RMA; and
- Determining the amount credited to your RMA.

Service used to determine eligibility for Access Coverage and utilization of the RMA is called Vesting Service. Service used to determine the RMA Credits is called RMA Service.

### ACCESS COVERAGE - VESTING SERVICE

Vesting Service is used to determine your right to receive Access Coverage. Subject to the break in service rules, years of Vesting Service are the number of full and partial years of service with one or more members of the ICI Group.

Your years of Vesting Service continue to accumulate if you:

- transfer to another member of the ICI Group;
- are absent on military service, as long as you return to work for a Participating Employer within the time allowed by the Uniformed Services Employment and Reemployment Rights Act (USERRA) and other applicable laws governing veterans' rights; or
- are on an authorized leave of absence (not to exceed a maximum of one year).

## How Your Service Is Counted (continued)

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### DETERMINATION OF RMA SERVICE

RMA Service is service with a Participating Employer **after** age 40.

You will continue to accumulate RMA Service if you:

- are absent on military service, as long as you return to work for the Participating Employer within the time allowed by USERRA and other applicable laws governing veterans rights; or
- are on an authorized leave of absence from a Participating Employer (not to exceed a maximum of one (1) year).

RMA Service does not include service for any period in which you are not eligible to participate in an Approved Medical Plan or are otherwise ineligible to receive an RMA Credit.

Service with a member of the ICI Group that is not a Participating Employer in the RMA will not be treated as RMA Service.

RMA Service is counted in full months only. For example, if you are hired on any day other than the first day of the month, no portion of the month of hire is counted as RMA Service. Similarly, if you terminate employment on any day other than the last day of the calendar month, no portion of the month of termination is treated as RMA Service.

### PRIOR SERVICE

Service with a predecessor employer or service with a member of the ICI Group that occurred prior to it becoming a member of the ICI Group is not counted as Vesting Service or RMA Service, unless expressly provided for by an acquisition agreement or resolution of the Board of Directors of ICI

U.S. Inc. If your prior service is treated as Vesting Service or RMA Service, you will be informed in a separate communication. Absent such communication, you should assume that such prior service is not counted.

### BREAK IN SERVICE AND FORFEITURE RULES

If you die or otherwise terminate employment with the ICI Group prior to completion of five years of Vesting Service, you will forfeit your RMA balance and will lose all RMA Service and Vesting Service accumulated prior to your termination of employment.

If you die or otherwise terminate employment after completing five years of Vesting Service, but prior to age 55 and completing 10 years of Vesting Service, you will forfeit your RMA balance and RMA Service, but not your Vesting Service.

If you are subsequently reemployed by the Participating Employer prior to incurring five (5) continuous one year breaks in service, your forfeited RMA balance, forfeited RMA Service and forfeited Vesting Service will be restored.

If you are subsequently reemployed by the Participating Employer or a member of the ICI Group after incurring five continuous one year breaks in service, neither your forfeited RMA balance nor your forfeited RMA Service will be restored. Your Vesting Service will be restored only if you completed five or more years of Vesting prior to your termination of employment.

Generally, a one year break in service is a 12-month continuous period during which you are not employed by a member of the ICI Group.



## EXAMPLES

The following examples illustrate the rules regarding how service is counted:

### EXAMPLE #1

Mr. North is hired by a Participating Employer on July 1, 2008 at age 25 (with a birthday of December 31). Mr. North resigns on December 31, 2022 at age 39 with 14 1/2 years of Vesting Service. Mr. North is rehired on January 1, 2030 at age 47 and subsequently terminates employment on June 30, 2038 at age 55 1/2. Since he had more than five years of Vesting Service when he terminated employment on December 31, 2022, his Vesting Service was restored on reemployment in 2030, even though he had more than five continuous one year breaks in service. When he retires in 2038, Mr. North has 33 years of Vesting Service and 8 years and six months of RMA Service, since service prior to age 40 is not counted. His RMA balance at retirement is \$20,400 (102 months x \$200).

### EXAMPLE #2

Mr. Pitt was hired at age 19 on January 1, 2003, as a union employee of an ineligible collective bargaining unit. On June 15, 2030, Mr. Pitt, at age 47, transfers to a non-union job and becomes eligible for the RMA. Mr. Pitt retires from the Participating Employer on June 15, 2038, when he turns age 55. Mr. Pitt has approximately 35 years of Vesting Service. Mr. Pitt has only seven years and 11 months of RMA Service, since he did not become eligible to participate in the RMA until June 15, 2030. June 2030 and June 2038 are not counted in determining RMA Service, since only full months of service are counted. His RMA balance at retirement is \$19,000 (95 months x \$200).

### EXAMPLE #3

Mr. Gladstone was hired by Imperial Chemical Industries PLC on July 1, 1980, which was his 25th birthday. He is permanently transferred to a Participating Employer on January 1, 2010. On December 31, 2012, Mr. Gladstone retires. He has 31 1/2 years of Vesting Service, which is the number of years he was employed by the ICI Group. However, he has only three years of RMA Service (i.e., three years of service with a Participating Employer after age 40). His RMA balance at retirement is \$7,200 (36 months x \$200).

### EXAMPLE #4

Ms. Eden is hired by a Participating Employer on January 1, 2010. Ms. Eden turns age 25 on December 31, 2009. She works for a Participating Employer until December 31, 2029, when she turns age 45 with an RMA balance of \$12,000. Ms. Eden is rehired on July 1, 2035. Since Ms. Eden was under age 55 with at least five years of Vesting Service when she quit in 2029 and returned after five (5) continuous one year breaks in service, neither her 5 years of RMA Service nor her RMA balance is restored. However, her 20 years of Vesting Service is restored. If she had been rehired prior to January 1, 2035, her RMA balance of \$12,000 and five years of RMA Service would have been restored.

## Access Coverage

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### ELIGIBILITY REQUIREMENTS FOR ACCESS COVERAGE

If you are eligible to participate in the RMA and are age 55 or older with five (5) or more years of Vesting Service when you retire, you are eligible for Access Coverage for yourself and your Eligible Dependents.

If you are age 65 or older, Access Coverage consists of Medicare Part B supplemental medical coverage and Medicare Part D Rx coverage, offered through the Medicare Supplement Plan (MSP). As of the date of this booklet, the MSP offers the supplemental Medicare Part B medical and Medicare Part D Rx coverages available through the American Association of Retired Persons.

If you are under 65, Access Coverage is provided under the Pre-Age 65 Post-Retirement Medical Plan, which as of the date of this booklet is the retiree medical and Rx coverage offered under the ICI HealthPlus Program.

### LOSS OF ACCESS COVERAGE

If you are eligible for Access Coverage but subsequently cancel or lose Access Coverage by failing to pay the premiums timely, you will not be able to elect Access Coverage at a later time.

### ONE TIME DEFERRAL OF ACCESS COVERAGE

At retirement, you may elect, on a one time basis, to defer your enrollment in Access Coverage. If you do not affirmatively elect to defer Access Coverage, you will be deemed to have elected commencement of Access Coverage at retirement. If you commence Access Coverage, you may not drop your Access Coverage and reenroll at a later time. If you defer the commencement of Access Coverage and subsequently decide to enroll, you may only enroll during an open enrollment period.

You may not elect Access Coverage for your dependents and defer Access Coverage for yourself.

## Utilizing Your RMA Balance

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Subject to the break in service rules described above, you must be age 55 or older and have completed ten (10) or more years of Vesting Service when you terminate employment from the ICI Group to utilize your RMA. If you die or otherwise terminate your employment with the ICI Group prior to age 55 and completing ten (10) years of Vesting Service, your RMA balance and pre-termination RMA Service

will be forfeited, unless you are reemployed by a member of the ICI Group prior to the expiration of five (5) continuous one year breaks in service.

If you terminate employment with the ICI Group after age 55 and completion of ten (10) years of Vesting Service, your RMA balance will not be forfeited.



## Determining Your RMA Balance

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### AMOUNT OF THE RMA CREDIT

Prior to retirement, your RMA will be credited \$200 for each calendar month of RMA Service, up to a maximum of \$48,000. The following examples illustrate how your RMA will be determined.

#### EXAMPLE #5

Ms. Majors retired at age 58 and with 18 years and 6 months of RMA Service. Her RMA balance would be:

$\$200 \times 222 \text{ months RMA Service} = \$44,400$

#### EXAMPLE #6

Mr. Blair retired at age 62 with 22 years and 3 months of RMA Service. His RMA balance would be \$48,000, determined as follows:

$\$200 \times 267 \text{ months RMA Service} = \$53,400$   
(more than the \$48,000 maximum)

Mr. Blair's RMA would be \$48,000.

### TRANSFER OF PERSONAL HEALTH ACCOUNT (PHA) BALANCE

If you have a balance in your ICI HealthPlus Program Medical Plan Personal Health Account (PHA) and you retire after age 55 and completion of ten (10) years of Vesting Service and elect Access Coverage, your PHA balance will be transferred to your RMA.

### INTEREST

Interest, compounded annually, will begin to accrue at a rate selected by the Plan Sponsor on your vested RMA balance when you die or retire from the ICI Group on or after age 55 with ten (10) or more years of Vesting Service.

If you retire and are subsequently reemployed by a member of the ICI Group, interest will not accrue on your vested RMA balance during the period that you are reemployed and are covered for medical and Rx as an active employee.

## Disability

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If you are eligible for long term disability benefits under the HealthPlus Long Term Disability Plan, you will continue to accrue Vesting Service and RMA Service until the earlier of the following dates:

- When you reach age 65;
- When you no longer are eligible for benefits under the HealthPlus Long Term Disability Plan; or
- When you have received the maximum amount of RMA Credits (i.e., \$48,000).

## Utilization

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### DURING RETIREMENT

You only may use your vested RMA balance to pay Premiums for Access Coverage for you and your eligible dependents after you retire from a Participating Employer. In other words, you must be age 55 or older with ten (10) or more years of Vesting Service when you retire in order to use your RMA balance.

If your RMA balance is not sufficient to cover the full Premium for Access Coverage, you must pay the difference in order to maintain coverage.

The RMA is not a health care spending account and may not be used to cover deductibles, co-payments, co-insurance amounts or medical expenses which are not covered under your Access Coverage.

The RMA may not be used for any purpose other than payment of Premiums for Access Coverage. For example, the RMA may not be used to pay COBRA continuation coverage premiums, Medicare Part B premiums, Medicare Part D premiums for a Prescription Drug Plan that is not offered under the Medicare Supplement Plan, nor premiums for Medicare supplemental insurance that is not provided through the Medicare Supplement Plan.

### AFTER DEATH

If you die after age 55 with ten (10) or more years of Vesting Service and there is a remaining balance in your RMA, such remaining balance may be used to pay the Premiums of your eligible dependents who are eligible for Access Coverage after your death.

## Taxes

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The RMA is intended to qualify as a “health reimbursement account” or “HRA” under the regulations and published guidance of the Internal Revenue Service. If the RMA qualifies as an HRA, then neither the amount credited to your RMA nor the payment of your Premiums from the RMA should be subject to U.S. federal income tax. If you have specific questions regarding taxes, please contact your personal tax advisor.

### IF THE PLAN CHANGES OR ENDS

The Board of Directors of ICI US Inc. reserves the right to amend, suspend, change or terminate the RMA at any time, or from time to time, or for whatever reason it finds appropriate, without notice. This means that:

- The RMA may be discontinued in its entirety;
- The interest rate may be changed at any time;

- The amounts credited to an RMA may be increased or decreased; or
- The RMA may be amended in any other way.

If the RMA is terminated or materially changed, you will be notified.

The RMA may be changed at any time to comply with Internal Revenue Service rules applicable to Health Reimbursement Accounts and other applicable laws and regulations.

Amendment or termination of the plan is a “corporate” and not a fiduciary function. Plan fiduciaries and employees and officers of a Participating Employer, ICI US Inc. or ICI Groups Services Inc., have no obligation to inform you of any proposed change until such change has been adopted. Further, you may not rely on any statement or the absence of any statement by an employee or officer of a Participating Employer, ICI US Inc., ICI

## Taxes (continued)

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Group Services Inc., any other member of the ICI Group or any other person, regarding proposed changes to the RMA prior to the adoption of such change.

### SALE OF BUSINESS RULE

If the stock of your employer is sold or the business unit, plant, division, department, function, site or product line to which you are assigned is sold, transferred or outsourced to an entity that is not a member of the ICI Group (the “Purchaser”), the following rules apply:

- Service with the Purchaser will not be counted as Vesting Service or RMA Service under this plan

- If you are employed by the Purchaser or an affiliate of the Purchaser immediately following the completion of the sale, you will not be eligible for Access Coverage and your RMA balance will be forfeited.
- If the Purchaser assumes your RMA balance, neither your RMA balance, RMA Service nor Vesting Service will be restored if you are subsequently rehired by a Participating Employer or other member of the ICI Group.

## Plan Administration

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### CLAIMS AND APPEALS

If a claim is denied, in whole or in part, the Plan Administrator will provide written or electronic notification of the denial within 90 days. If additional time is needed because of special circumstances, you or your designated representative will be notified within such 90-day period, and if the claim is then denied, you or your designated representative will be notified of the denial within 180 days of the original filing of the claim.

Any notice of denial of a claim will include:

- the reasons for denying the claim;
- a reference to the specific plan provision(s) upon which the denial is based.
- the actions you must take to appeal the denial, including a description of the plan’s review procedures, the time limits applicable to such procedures and a statement of you or your beneficiary’s right to bring a civil action under section 502(a) of ERISA, should the appeal be denied.

### APPEALING A DENIAL OF BENEFITS

If you choose to appeal a denied claim, you must submit to the Plan Administrator a written request for review within 60 days after receiving the notice of denial to the Employee Benefits Administration Committee of ICI American Holdings Inc. (the “Committee”) at the following address:

**Employee Benefits Administration  
Committee of ICI American  
Holdings Inc.**

**Re: Appeal of Denied Claim  
Attention: Secretary  
c/o Law Department  
ICI Group Services Inc.  
10 Finderne Avenue  
Bridgewater, NJ 08807**

If you or your beneficiary fails to file an appeal within 60 days, the appeal will be time barred and the denial will stand, unless the Committee, in its sole discretion, decides to review the denial decision.

## Plan Administration (continued)

In appealing a denied claim, you shall be provided, upon written request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the claim for benefits. You or your beneficiary may submit written comments, documents, records and other information relating to the claim for benefits. All such comments, documents, records and other information submitted by you or your beneficiary will be reviewed and considered, without regard to whether such information was submitted or considered in the initial benefit determination.

You also may request a hearing before the Committee. Attendance at the hearing will be at your expense. You may attend the hearing with counsel. The Committee, in its sole discretion, may require that any statements made by you at the hearing are made under oath and transcribed by court reporter.

The Committee will provide written or electronic notification of the outcome of the review within 60 days of its receipt of the request for review. If additional time is needed to review the request because of special circumstances, you or your beneficiary will be notified within this 60-day period, and a determination will occur within 120 days of the original filing date of the request for review.

If the outcome of the review results in a denial of benefits, the notification will include:

- the specific reason or reasons for the denial of benefits;
- a reference to the specific plan provision(s) on which the determination is based;
- a statement that you or your beneficiary is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to you or your beneficiary's claim for benefits; and

- a statement describing you or your beneficiary's right to bring an action under section 502(a) of ERISA.

Failure by the Plan Administrator or its designated representative to decide a claim or the failure of the Committee to review a denied claim within the time limits set forth above does not constitute a finding in your favor.

### FUNCTIONS OF THE PLAN ADMINISTRATOR

The Plan Administrator administers the plan, but may designate employees of the company, third-party administrators or any other person to carry out certain plan duties and responsibilities. The Plan Administrator is responsible for formulating and carrying out all rules and regulations necessary to administer the plan. To the extent not delegated to another person or reserved by the Committee, the Plan Administrator has the discretionary authority to make decisions regarding the interpretation or application of plan provisions and to determine the rights, eligibility and benefits of participants and beneficiaries under the plan. Benefits will be paid under the plan only if the Plan Administrator or its designated representative determines in its discretion that the applicant is entitled to such benefits.

### YOUR RIGHTS UNDER ERISA (EMPLOYEE INCOME SECURITY ACT OF 1974)

As a participant in the RMA 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:

- examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, 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 Pension and Welfare Benefit 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, 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 Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

## **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 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. Although these rights are in no way a guarantee or contract of employment, 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 benefit from the plan or exercising your rights under ERISA.

## **ENFORCE YOUR RIGHTS**

If a 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 (at no cost to you) copies of documents relating to the decision,

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 of 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 appropriate fiduciary 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 appropriate fiduciary.

If you have a benefits claim that 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, you may file suit in federal court.

If it should happen that plan fiduciaries misuse a 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 pays 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 (for example, if the court finds that your claim is frivolous), the court may order you to pay court costs and legal fees.

## **ASSISTANCE WITH YOUR QUESTIONS**

If you have any questions about the plan, you should contact the ICI Resource Center at 1-877-424-7378. 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, DC 20210.**

You also may obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

## Other Important Information

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This section contains additional information about the Retiree Medical Account of the HealthPlus Program. It also describes your rights as a plan participant under the Employee Retirement Income Security Act of 1974 (ERISA).

**Plan Name:**

Retiree Medical Account of the HealthPlus Program

**Source of Contributions:**

Employer

**Funded Status:**

Not funded

**Plan Number:**

701

**Plan Sponsor:**

ICI Group Services Inc.  
10 Finderne Avenue  
Bridgewater, NJ 08807

**Plan Year:**

Calendar Year

**Plan Type:**

Healthcare Reimbursement Account (“HRA”)  
Employer Identification Number: 61-1478116

**Plan Administrator:**

Employee Benefits Administration  
Committee of ICI American Holdings Inc.  
c/o ICI Group Services Inc.  
10 Finderne Avenue  
Bridgewater, NJ 08807

**Type of Administration:**

Contract Administration

**Service of Legal Process:**

Service of legal process may be made upon the Plan Administrator.

**Agent for Service of Legal Process:**

Employee Benefits Counsel  
c/o Law Department  
ICI Group Services Inc.  
10 Finderne Avenue  
Bridgewater, NJ 08807

**Participating Employers Other Than Plan Sponsor:**

Indopco, Inc. d/b/a National Starch and Chemical Company

Tra-Con Inc.

Ablestik Laboratories

The Glidden Company d/b/a ICI Paints

ICI American Financial Corp.



HEALTHPLUS PROGRAM  
Retiree Medical Account

May 2007

