

AT&T Ameritech /SBC Retirees

Proudly working on behalf of retirees of the Bell System and successor companies of the New AT&T, Located worldwide

First Quarter Newsletter March 30, 2016



AASBCR® Board of Directors

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Larry Smith	Vice President—Legislation & Regulation
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Ben A. Goodin	Attorney – Agent

What's new in this issue?

From the Desk of Carole Lovell - President

Carole encourages members to respond promptly to dues requests, to read bulletins carefully and talk to other retirees about joining AASBCR® rather than sharing bulletins and passwords with them.

Special Request

The board is in need of a volunteer to fill an interim position

Previously Published at AASBCR.org

The following bulletins have been published electronically for AASBCR® members with email and are available on the website. They are included here for members without email capability.

Blue Bulletin, Vol 11, No 001, January, 2016
Reminders for Medicare Retirees with the Aon Retiree Health Exchange

Blue Bulletin, Vol 11, No 002, March, 2016
Learning a New Set of Rules at Age 65 (A reissue and update of previous bulletins)

News Register, No 001, February, 2016
Deadline Extended for AT&T to Mail IRS Form 1095-C

News Register, No 002, March, 2016
AT&T Access Website Closed Down Temporarily

Legislative Leger, No 001, March, 2016
From the Desk of Larry Smith – VP- Legislation

All published documents are also available to members on the website at <http://aasbcr.org>

AASBCR® State Representatives

Florida, Louisiana	Pat Reichard
Illinois	Donna Cummings, Robert Hiemenz
Indiana	Loretta McDowell
Michigan	Eugene Oakie
Ohio	Lee Grimes,
Wisconsin	Carol Linder
Texas, Kansas, Missouri	Rene Miller
Remaining States	Pamela Zitron



From the Desk of Carole Lovell, President - March 2016

My fellow retirees,

AASBCR® is always in contact with AT&T HR and Aon Hewitt in support of you, our members. Our Benefit Directors work to assure that all your benefit issues and concerns are addressed and handled fairly. AASBCR®, working with the NRLN, also represents retirees in Washington D.C. and explains the needs of retirees to our Congressional leaders so they will support retiree friendly legislation.

All our AASBCR® volunteers work hard to get retiree members the latest information about benefits, discounts and bills being proposed in Washington, providing this information in Bulletins and Newsletters and on the website. Please read the documents and check the website. We know it is tempting to share the Bulletins and/or the website password with other retirees who are not members. Instead, encourage those retirees to join AASBCR®. There is strength in numbers. The greater our numbers are, the stronger our voice with AT&T and with Congress. To assist you in letting your retired AT&T friends know about AASBCR®, there is a Member Brochure available on the AASBCR® website at <http://aasbcr.org>. Or just send an email to DirectorMembers1@aasbcr.org or call the virtual office number at (312) 962-2770.

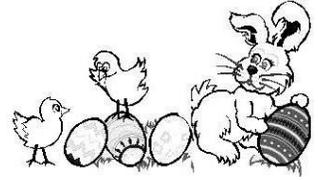
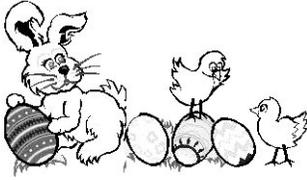
I also want to take a moment to thank all of you who have sent donations either to AASBCR® or to the Jim Kempe Memorial Legal fund. Rest assured that AASBCR® is grateful for all donations and utilizes the money in a responsible fashion.

I am respectfully asking members to respond to dues requests within 2 - 3 weeks after the appeal. Most of you are great and reply immediately and AASBCR® appreciates that. For those members who do not respond promptly, it is necessary for AASBCR® and its small volunteer staff to spend more time, effort and money to send additional requests. This is time and money that could be better spent for our retiree members on relevant issues.

I hope that you all can enjoy the beautiful spring weather and have some time with your family and friends. Stay healthy, safe, and happy.

Carole Lovell

**Office / Fax Number (312) 962-2770
P.O. Box 7477, Buffalo Grove, IL 60089-7477**



Special Request

Our Secretary and Board Member, Rich Runge, recently encountered some serious health issues. He is currently recovering at home and undergoing rehab. As a result, as this time, AASBCR® is looking for someone to accept an interim position as Secretary. The interim Secretary would be responsible for creating documentation of recorded minutes, which are then presented to the Board at the next meeting.

If you are interested in what happens at AASBCR® and willing to contribute your time and talents to AASBCR®'s efforts to represent and assist retirees, please call (312)962-2770 or send an email to info@aabcr.org Leave your name and number and someone will call you.



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Legislative Ledger

March 2016, No 001

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From the Desk of Larry Smith, VP – Legislation March 2016

At the NRLN 2016 Leadership Conference, February 8 - 11 in Washington DC, we had the opportunity to contact members of Congress and ask them to meet with us regarding senior issues. Often the elected official is unavailable, so then we meet with the Congressman's subject matter expert and Legislative Aide who generally are better versed on the Bills and issues and are in fact often the source of the Congressman's position. I actually prefer meeting with these people because their knowledge on the issues as well as insight into what is going on in Congress often leads to some very candid and direct sharing of views.

The issues we advocated to our Representatives on Capitol Hill included:

- Pass the **Safe and Affordable Drugs from Canada Act**
(S.122 and H.R. 2228).
- Pass the **Medicare Prescription Drug Price Negotiations Act**
(S. 31 and H.R. 3061).
- Provide Pension Plan Protection through:
Legislation for pension plan mergers, and
Legislation and/or regulatory rules for more disclosures in pension plan Annual Funding Notices (AFNs).

There is a remarkable amount of detail in the issues listed above and a limited amount of time with the staff so I tend to focus on one or two issues. This trip I provided issue papers and a brief overview of the pension issues and focused on the prescription drug issues since there are Bills already in committees in both the House of Representatives and the Senate that we support. They are **the Safe and Affordable Drugs from Canada Act, S.122 and H.R. 2228**. (Whenever you see Bills like these, the "S" in front means it is from the Senate and the "H.R." means it is from the House of Representatives.)

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At the highest level it is our goal to reduce what we believe is nothing short of abusive pharmaceutical drug prices. We now have multi-national, like for like, drug comparisons that demonstrate pricing in Norway, England, Ontario Canada and the United States pricing through Medicare. Of the 54 frequently used drugs in the study, US pricing ranked broadly between 30% and 300% more expense than the same exact drug delivered and sold in every other country. There was no case where any drug was cheaper in the US than any other country, even though most are manufactured here.

While you may already be personally aware of the increasingly high cost of pharmaceuticals, here is some background you may find of interest:

- 1) Healthcare costs in the United States exceeded \$3 trillion in 2014. Costs went up 5.3% in a year when there was essentially no inflation and the Affordable Care Plan was supposed to turn the cost curve down.
- 2) Drugs, which account for 10% of all healthcare spending, rose by more than 12%, the largest increase in over a decade.
- 3) Though pharmaceuticals and the FDA continue to tell us importation of foreign drugs is not safe, over 90% of the active ingredients used in antibiotics, diabetes and numerous other prescription brand and generic drugs are manufactured in China and India. 85% of the generic drugs sold in the US are manufactured offshore, millions by U.S. pharmaceutical companies.
- 4) *Truveris*, a healthcare data company that tracks drug prices, found that during 2015, the price of branded drugs (those still on patent) rose 14.77%. Specialty drugs, which are often used to treat complex or rare conditions and tend to carry high price tags rose 9.21%. Even generic drugs, which historically have tended to get cheaper over time, rose by 2.93%

Clearly something is broken here. The abusive pricing of drugs isn't just rhetoric and we believe it's an issue that touches every one of our lives every day so this issue is a priority for all of us. 90% of seniors during any month take a prescription drug. Medicare is an example of how broken our prescription drug system is. Medicare is the country's largest single payer for prescription drugs. Yet, by law it is prohibited from negotiating prices for drugs and therefore unable to bundle its massive purchases for quantity discounts. When Medicare is hit with higher prices for drugs, taxpayers



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pay for the higher cost. I would suggest to you that it is in fact a hidden tax without representation for the taxpayers. This is where you come in.

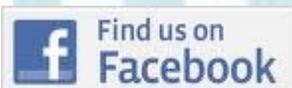
While AASBCR® and the NRLN can place a dozen informed senior representatives in front of Congressional leaders and their subject matter experts with excellent information, the big pharmaceutical companies can place 20 times that number in the same offices.

You can make the difference. Pharma cannot produce the hundreds and thousands of senior advocates if we can just get you to call and/or write your Congressmen and tell them this is wrong and you want it fixed. Until I began this role I was frankly a little in awe of our senior elected officials. I'm not disrespectful, but I am also no longer in awe. We collectively need to understand these people were elected to represent us and our interests, but if you don't express those interests I can assure you there are hundreds if not thousands of people in Washington D.C. who are expressing theirs. Often their interests are in conflicts with yours.

We need you to call and/or write your Senators and Representatives. It's not hard to do. We will help you with a letter and facts and figures or prep you for a call. I guarantee that no matter what you have been told, these calls and letters do matter. I've been in a dozen Congressional offices and watched and listened to these calls being answered. While you're talking, they are taking notes and completing a report on every one of those calls. Those summaries go to the elected representative for next steps. Now you may get a form letter back, but your letter or call becomes part of the process that we can use to move these issues out of committees to the House and Senate floor.

As always, if you have questions or concerns or would like some help with a letter or call you can reach me through our website or give me a call at 815-498-3508.

Larry Smith - VP Legislation & Regulation



AT&T Ameritech /SBC Retirees - We are AASBCR®

Blue Bulletin

Vol. 11 No. 001

January, 2016

Reminder to AASBCR® retiree members - Bulletins and the website are paid for by AASBCR® members. Please do not share with non-members. Remember, there is more to AASBCR® than information. We work with AT&T HR and with the National Retiree legislative Network - NRLN and Congress in support of retirees. Our dues pay for all of this. Encourage retiree friends to join and support AASBCR®.

Reminders for Medicare Retirees With the Aon Retiree Health Exchange

For 2016, retirees with the Aon Retiree Health Exchange should be aware that:

- Eligible 2015 medical expenses must be submitted to Aon Hewitt for reimbursement by **March 31, 2016**. Expenses can be submitted electronically at Aon Hewitt's website, <https://retiree.aon.com/att>. If you do not have internet access, you may call Aon Hewitt at 1-800-928-8027 and ask for the YSA - Your Spending Account Team.

- AT&T offers a **Catastrophic Prescription Drug Benefit**. If you or your eligible dependent are enrolled in a Medicare Part D Plan, and your actual out-of-pocket expenses for prescription drugs totaled more than \$5,000 during 2015, you may be eligible for additional HRA credits under the program. Requests for credit must be submitted by **March 31, 2016** for eligible 2015 expenses. *Refer to the Monthly Prescription Drug Summary from your provider of the Medicare Part D prescription drug plan. The summary will provide your actual out-of-pocket prescription drug expenses.*

You must send a copy of the Monthly Prescription Drug Summary, and the Catastrophic Drug Credit Request Form, to the YSA Service Center. Instructions are shown on the form. The Claims Administrator will determine your eligibility for additional HRA Crediting under the Program.

You may access the form by calling the Aon Retiree Health Exchange at 800-928-8027, or on the YSA Service Center web page (<https://retiree.aon.com/att>). After logging in, click **My Account**, at the top of the page. Then click **The HRA** on the left side of the page, and select the green box, **Manage My AT&T Account**, in the center of the page. At the top of the page choose the tab **Knowledge Center**. Under the heading **Other Documentation**, select *Catastrophic Prescription Drug Credit Request Form*. Page forward to page 4 to see the form.

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Only those prescription drugs included in the approved formulary list of the Medicare Part D Plan in which you or your eligible dependent are enrolled are eligible under the Catastrophic Prescription Drug Benefit. *If you are not enrolled in a Medicare Part D Plan, you are not eligible for the Catastrophic Prescription Drug Benefit.*

- Any money left in your 2015 HRA will roll over, and will be accessible in 2016 for eligible medical expenses.

SUMMARY

- Eligible 2015 expenses must be submitted by March 31, 2016.
- The Catastrophic Prescription Drug Benefit may offer additional HRA Crediting Amount(s). Be sure to fill out the proper form and send all needed documents to the YSA Service Center.
- Remaining money from the 2015 HRA can be used in 2016 for eligible medical expenses.

AASBCR[®] is always working to keep you informed and to assure that our members receive all benefits to which they are entitled.



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AT&T Ameritech /SBC Retirees - We are AASBCR[®]

Blue Bulletin

Vol. 11 No.002
March, 2016

Reminder to AASBCR[®] retiree members - Bulletins and the website are paid for by AASBCR[®] members. Please do not share with non-members. Remember, there is more to AASBCR[®] than information. We work with AT&T HR and with the NRLN and Congress in support of retirees. Our dues pay for all of this. Encourage retiree friends to join and support AASBCR[®] in our fight.

Learning a new set of rules at age 65

Blue Bulletins with similar information have been published in 2011, 2012, 2013, 2014 and 2015 but because many AASBCR retirees will soon become Medicare eligible, we are again issuing this bulletin with appropriate updates.

If you qualify for Medicare, about 3 months before your 65th birthday, Medicare should send you a Medicare card showing that you are entitled to both Part A and Part B benefits. Part A is automatic and most people who have paid Medicare taxes for 40 quarters or more, don't have to pay a monthly premium. For those who enroll in Part B for the first time in 2016 there is a monthly payment of \$121.80 or more, based on income. You may choose not to enroll in Part B but if you later decide to enroll, you may also have to pay an additional penalty of 10% for every 12-month period you could have enrolled but chose not to. In addition, you may only enroll during Medicare's General Enrollment Period, January 1 through March 31.

How does Medicare work with the Aon Retiree Health Exchange, sponsored by AT&T?

If you or your spouse is Medicare eligible, it is important to enroll in Medicare Parts A and B and remain enrolled in order to receive coverage through the Aon Retiree Health Exchange. The Aon Retiree Health Exchange replaces the AT&T healthcare plans for eligible Medicare retirees and their spouses. When you or your spouse become Medicare eligible your AT&T health care is cancelled and you should enroll in a Medigap Supplemental Plan or Medicare Advantage Plan. All Medigap Plans are secondary to original Medicare. These plans cover part or all of the 20% not covered by original Medicare, which is considered the participant's responsibility.

A variety of insurance plans and price ranges are offered through the Aon Retiree Health Exchange. These insurance plans include Medicare Advantage Plans and Medigap Supplemental Plans, as well as Medicare D Prescription Drug Plans. Besides Aon, you can and should check [Medicare.gov](http://www.Medicare.gov) and independent Medicare insurance agents to see what is offered. However, it is important to remember that you must enroll through Aon Hewitt for either medical or prescription drug coverage. In order to qualify for the Health Resources Account (HRA) money which AT&T is offering in 2016 for both eligible retirees and their eligible spouses.

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What does Part A cover?

It covers hospital care, skilled nursing care, nursing home care (as long as custodial care isn't the only care needed), hospice, and home health services. Most people do not pay a monthly premium for Part A because they have paid Medicare taxes for 40 or more Quarters while employed. While there is no monthly premium, there is a \$1288 deductible for each benefit period. Check with Medicare about the deductibles for which you are responsible at <http://medicare.gov/vour-medicare-costs/costs-at-a-glance/costs-atglance.html>

What does Part B cover?

It covers two types of services:

1) Medically necessary services or supplies that are needed to diagnose or treat your medical condition and meet accepted standards of medical practice, and

2) Preventive services which include health care to prevent illness or detect it at an early stage, when treatment is most likely to work best.

Part B coverage also includes durable medical equipment when your doctor prescribes it for use in your home, such as walkers, wheelchairs and hospital beds. Diabetic supplies, including monitors, test strips, lancet devices, blood sugar control solutions and in some cases therapeutic shoes are also covered.

In addition to the monthly premium there is a \$166 per year deductible. You pay nothing for most preventive services if you get the services from a health care provider who accepts assignment.

What is a Medicare D Plan?

Medicare D is a prescription drug plan. Medicare eligible retirees should purchase a Medicare D - prescription plan. In some cases a prescription plan can be added to a Medigap policy with an average cost of about \$35 per month. Some Medicare Advantage plans also cover prescriptions. There are usually monthly premiums and co-pays for prescriptions. After reaching the annual deductible (which varies depending on the plan) the plan pays 75% of prescription drug costs up to \$3310. From \$3310 on covered drugs (the combined amount plus your deductible) until \$4700 is a coverage gap that is sometimes called the donut hole, where the participant pays from 47% to 75% of drug costs. Over \$4700 is known as the *catastrophic* phase of Medicare prescription drug coverage. If you reach this phase, you'll only have to pay a small copayment or coinsurance for covered medications for the rest of the year. The donut hole gets smaller each year and should disappear by the year 2020. If you go without Part D coverage or creditable prescription drug coverage for any continuous period of 63 days or more, you have to pay a penalty for as long as you have a Medicare drug plan.

What is a Medicare Advantage plan?

Medicare Advantage Plans are a substitute for original Medicare. Medicare Advantage Plans offer a network of doctors and facilities in either PPO or HMO plans. The Advantage Plan, not Medicare, determines how much you pay for the covered services. Some Medicare Advantage plans also offer prescription drug coverage.

Reimbursements and Health Resources Account (HRA)

If your healthcare is subsidized today, you will get an HRA when you become Medicare eligible. In

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2016 the annual HRS amount set by ATT is \$2700 for eligible retirees and \$1500 for eligible dependents. The HRA amount is the same for all retirees and dependents. The HRA for both the retiree and the dependent(s) will be co-mingled in one account. The HRA is tax free for reimbursable healthcare needs only. It can be used to reimburse insurance premiums after the participant pays and can also assist with Medicare A and B co-pays and prescription drug co-pays. Arrangements for automatic reimbursement of monthly premiums can be made through most insurance companies.

Remember, in order to take advantage of the HRA, you must purchase either a medical plan or a prescription drug plan through Aon Retiree Health Exchange.

AASBCR® is always working for its retiree members. For those retiree members who do not have a computer and have questions on Medicare, contact 1-800-633- 4227. Enter into this phase of your life well informed.-----~



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The News Register

We are AT&T Ameritech/SBC Retirees - AASBCR®

February 2016 No 001

Reminder to AASBCR® retiree members - Bulletins and the website are paid for by AASBCR® members. Please do not share with non-members. Remember, there is more to AASBCR® than information. We work with AT&T HR and with the National Retiree legislative Network - NRLN and Congress in support of retirees. Our dues pay for all of this. Encourage retiree friends to join and support AASBCR® in our fight.

Deadline Extended for AT&T to Mail IRS Form 1095-C

AT&T has provided AASBCR® with additional information about the new IRS form 1095C. This is the form now required for those receiving employer provided health insurance coverage or financial assistance. This includes retirees under the age of 65 and Medicare retirees grandfathered who are still receiving AT&T Health Care, as well as Medicare eligible retirees who have been moved to the Aon Retiree Health Exchange and are receiving an AT&T sponsored HRA - Health Resources Account. AT&T HR has made the following statement:

*This is notification about updated timing for distribution of Form 1095-C, the new tax form that AT&T employees and other health program participants will receive with information on health coverage in 2015. Previously it was stated that AT&T would provide Form 1095-C in January, but **due to an extended deadline from the federal government, Form 1095-C will now be available online or mailed to AT&T employees, former employees, and dependents (including survivors/COBRA dependents) by March.***

The Affordable Care Act (ACA) requires employers to send IRS Form 1095-C (Form) to all eligible employees and health coverage participants beginning with Plan year 2015. At AT&T, Plan year means calendar year 2015, and Health coverage includes an AT&T Medical, CarePlus, or Health Reimbursement Account (HRA) benefit plan or program.

The ACA requires all Americans to have qualifying health coverage or pay a tax penalty. Form 1095-C will indicate whether or not a participant

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had qualifying coverage from AT&T in 2015. If a participant was enrolled in a fully-insured managed care option (such as an HMO) from AT&T in 2015, Part III of their Form 1095-C may be blank. AT&T Health coverage satisfies the ACA requirement for qualifying health coverage.

The IRS advises that taxpayers should not include Form 1095-C when they file their tax return and do not need to wait for Form 1095-C to file their taxes.

Participants are advised to speak with their tax advisor or access <https://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-about-Health-Care-Information-Forms-for-Individuals> for additional information about the Form or any potential tax penalty.

“Intra-organization Communication is the Life-Blood of our organization.”



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AT&T Access Website Closed Down Temporarily

AASBCR® has been investigating the difficulty in opening the AT&T Access website located at <https://access1.sbc.com/>

What we have discovered is that AT&T is in the process of revamping the website. The site will be unavailable until the fall, or possibly even later. AASBCR® asked AT&T what options retirees have at this time and this was the AT&T response:

We anticipate the improved version to be available later this year, prior to annual enrollment. There will be a large-scale promotion of the new site, once it goes live.

While the website serves as a landing page, retirees currently have access to their benefit information via the AT&T Benefits Center, Fidelity and any vendor with whom they have enrolled. In the interim, please direct your members to these resources for assistance.

While we understand this may not be the most convenient solution in the interim, we're asking retirees to bear with us while we build an improved experience for them.

In the interim, AASBCR® will publish the list of AT&T retiree deaths as provided by AT&T on the AASBCR® website. To access this information select **In Memory - AT&T Retiree Deaths** under **Members** on the AASBCR® website.



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