



November 18, 2016

To: SRNS Pre-65 Retiree Health Care Plan Participants

**FOLLOWING IS A SUMMARY ANNUAL REPORT NOTICE THAT THE HEALTH CARE BENEFIT PLANS ARE REQUIRED TO PROVIDE TO PLAN PARTICIPANTS**

This is a summary of the annual report of the Savannah River Nuclear Solutions Pre-65 Retiree Health Plan (Employer Identification Number 26-0240191, Plan Number 509) for the plan year 01/01/2015 through 12/31/2015. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Savannah River Nuclear Solutions, LLC has committed itself to pay certain health and dental claims incurred under the terms of the plan.

**Basic Financial Statement**

The value of plan assets, after subtracting liabilities of the plan, was \$32,123 as of the end of plan year, compared to \$31,331 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$792. This change 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 beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$34,698,090 including employer contributions of \$26,725,797, employee contributions of \$7,972,293, gains/(losses) of \$0 from the sale of assets, and earnings from investments of \$0. Plan expenses were \$34,697,298. These expenses included \$1,483,573 in administrative expenses, \$33,213,725 in benefits paid to participants and beneficiaries, and \$0 in other expenses.

**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:

1. An accountant's report.
2. Financial information and information on payments to service providers.

To obtain a copy of the full annual report, or any part thereof, write the office of the plan at: Health and Welfare Benefit Committee Plan Administrator at Building 730-1B, Aiken, SC 29808, or call (803) 952-5749.

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 (Health and Welfare Benefit Committee Plan Administrator at Building 730-1B, Aiken, SC 29808) 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 N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.