Orange and Rockland Benefits Department

One Blue Hill Plaza, Fourth Floor

Pearl River, NY 10965

Mr. Thomas R. Poole

22 Wisconsin Avenue

Rensselaer, NY 12144

**Con Edison** Retirement Plan

**Estimated Benefit Request**

February 6, 2019

Mr. Thomas R. Poole

22 Wisconsin Avenue

Rensselaer, NY 12144

Dear Mr. Poole:

In accordance with your request for a benefit estimate, enclosed is your personalized **Statement of Estimated Benefit**.

**Section A** shows the data used to calculate your estimated benefit under the Consolidated Edison Retirement Plan. Please review this information carefully. If any of the information in this section is incorrect, please call the Orange and Rockland Benefits Department. The benefit you actually receive may differ from the amounts shown, since your benefit is recalculated using current information as of your benefit commencement date.

**Section B** shows your estimated benefit payment option(s) at the benefit commencement date which you have requested based on your estimated age, service and compensation as of your assumed benefit commencement date.

If you have any questions, please call the **Orange and Rockland Benefits Department at 1-845-577-2763**.

**Orange and Rockland Benefits Department**

**Con Edison** Retirement Plan

**Statement of Estimated Retirement Benefit**

**CONFIDENTIAL**

This statement shows your estimated pension benefits and the various payment options you would be entitled to receive under the Consolidated Edison Retirement Plan. Please read carefully all that follows.

**A. Your Benefit Estimate Data**

|  |  |
| --- | --- |
| Name: | Thomas R. Poole |
| Date of Birth: | 08/06/1958 |
| Expected Date of Termination: | 07/01/1999 |
| Expected Benefit Commencement Date: | 04/01/2019 |
| Normal Retirement Date: | 09/01/2023 |
|  |  |
| Accredited Service: | 17.0000 |
|  |  |
| Monthly Accrued Benefit Payable at Normal Retirement Date as a Single Life Annuity: | $ 1,352.00 |
|  |  |

|  |  |
| --- | --- |
|  |  |

**B. Your Payment Options**

The benefit amounts listed below are estimates of the amounts you would be entitled to receive at your expected benefit commencement date for all payment options available to you under the Plan.

|  |  |  |  |
| --- | --- | --- | --- |
| **Form of Payment** | **Monthly**  **Benefit** | **Monthly Survivor Benefit** | **Relative Value** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Single Life Annuity** - Monthly pension benefit payable to you for life with no benefits payable after your death. | $994.00 | N/A | N/A |

*Normal form of payment for single participants is Single Life Annuity.*

**Pension Benefit Adjustment (PBA)**

Each July following the December 31 of the year in which you begin receiving monthly benefits, your benefit will be increased by 75% of the percentage increase in the Consumer Price Index (CPI-U) for each year after 20% cumulative inflation occurs, measured from the start of the calendar year during which payment of allowances first commence, and will reflect the lesser of: (1) 75% of cumulative inflation in excess of the 20% threshold or, (2) 3% cumulative inflation from the year the threshold is first exceeded.

**Retirement Application Form**

When you are eligible and wish to retire, please contact the **Orange and Rockland** **Benefits Department** approximately 90 days before your expected retirement date to request a Retirement Package.

If you have any questions, please call the **Orange and Rockland Benefits Department at 1-845-577-2763**.

**Orange and Rockland Benefits Department**