



November 2011

As we draw near to the close of 2011 the economy continues to be unstable in the U.S. and across the globe. It seems that nearly every economic indicator globally points to a stagnant economic growth. Here in the U.S. we are struggling with getting our house in order. Our Congressional representatives seem incapable of dealing with the need to reduce our debt and balance our spending with revenue. Unfortunately it seems that much of the discussion about how to begin to deal with the deficit centers around modifying Social Security and Medicare... all of which affects seniors and retirees. Seniors and retirees are already affected more than any other group as their earned pensions, savings and health benefits have been under attack. These assets and earned benefits have been shrinking due to the economic downturn, instability in the investment markets, reductions in health care benefits and the significant increase in the cost of health care.

As we enter 2012, it is even more important for retirees to be activists, educating themselves about what is being proposed and how it affects their pensions, healthcare benefits and overall economic well-being. This is a critical time in our country and retirees must become advocates for the protection of the benefits they earned while working for so many years.

The NCRO's mission is to protect pensions and benefits of the Chrysler salaried retirees. We are working on your behalf to protect those benefits that you earned. In order to be effective, we need your continued support through your dues and your actions. It is important for us to have as many members as possible. The more members we represent the louder our voice is with those we lobby. We urge you to continue to support the NCRO by submitting your dues for 2012. We need to band together now more than ever to protect the benefits we earned.

Thank you in advance for your support.

### **NCRO participates in lobbying NRLN's Top Initiatives on Capitol Hill**

Three NCRO Board members (Dana Oliver, Chuck Austin and Jay Kuhnle) participated in the NRLN's third annual Washington, DC Fly-In on September 19th – 20<sup>th</sup> which sent retiree association leaders to Capitol Hill to advocate the NRLN's top initiatives on vital retirement issues to Representatives, Senators and members of their staffs.

Fly-In participants, in addition to NCRO Board members and NRLN leaders, included representatives of the following retiree associations:

- Association of US West Retirees (AUSWR – CenturyLink / Qwest retirees)
- AT&T Ameritech / SBC Retirees (AASBCR)
- AT&T Concerned Employee Retiree Council on Retirement Protection (ACER)
- Detroit Edison Alliance of Retirees (DEAR)
- General Motors Retirees Association (GMRA)
- Delta Pilots' Pension Preservation Association (DP3)
- EKRA – An Association of Kodak Retirees
- JDRO – A Family of John Deere Retirees
- Lucent Retirees Organization (LRO)
- TelCo Retirees Association (TelCo – Pacific Bell retirees)

During the September 19th orientation session, NRLN President Bill Kadereit made presentations to explain the NRLN's positions on protecting Social Security and Medicare. Marta Bascom, NRLN Executive Director, discussed the NRLN's efforts on Pension Asset Protection. Michael Calabrese, NRLN Legislation Adviser, explained key elements of the new NRLN white paper on protecting retirees in mergers, acquisitions and spin-offs. Bob Volpe, President of EKRA – an Association of Kodak Retirees, presented the main points of the

NRLN's updated white paper on proposals to reduce the cost of prescription drugs. You can access the NRLN position on these issues on their website at [www.nrln.org](http://www.nrln.org).

The orientation session was closed with a talk by Ellen Schultz, a writer for the Wall Street Journal, about her newly released book, ***Retirement Heist: How Companies Plunder and Profit from the Nest Eggs of American Workers***.

When the NRLN Fly-In participants went to their appointments on Capitol Hill on September 20<sup>th</sup> they carried with them folders to present to lawmakers and staff members that contained the following documents, including retiree hardship stories shared with the NRLN in July 2011.

[NRLN's Position on Social Security](#)

[NRLN's Position on Medicare](#)

[Pension Asset Protection](#)

[Protecting Retirees in Mergers, Acquisitions and Spin-offs](#)

[Prescription Drug Costs – A Call for Action](#)

[Retirees Testimonials](#)

NCRO members met with Congressional representatives from Michigan (Benishek, Peters and Camp) and with three key Congressional Committees including Senate HELP Committee, Senate Finance Committee and the House Education and Workforce Committee. All of these committees have jurisdiction over pension and health care issues.

We are pleased to report that the response we received from each of these meetings was positive and while progress is slow when dealing with Washington, this visit was encouraging. We will return to Washington again in January 2012 to continue to lobby on behalf of Chrysler salaried retirees.

### **Joint Select Committee on Deficit Reduction (Super Committee)**

As you may know from news reports Congress has formed the Joint Select Committee on Deficit Reduction. This so called "Super Committee" of six Republicans and six Democrats from the U.S. House and Senate have been given the task of coming up with proposals to Congress by November 23rd to reduce the federal budget by at least \$1.2 trillion.

Under the Budget Control Act of 2011, the proposals that may come out of the "Super Committee" can't be modified by the House or Senate. No filibusters will be permitted and the proposals will be addressed by an up-or-down vote before Christmas. In other words, the proposals will be a take-it-or-leave-it proposition. If Congress fails to pass the proposals, automatic cuts will be made across the board early next year, including changes to Social Security and Medicare benefits.

In early October Bill Kadereit, President of the NRLN, sent a letter to each member of the "Super Committee" to make the case to the lawmakers to protect Social Security and Medicare and reduce the federal deficit by enacting legislation to reduce the cost of prescription drugs.

NRLN's message is competing with what "Super Committee" members are hearing from defense contractors, aerospace firms, health care providers and the pharmaceutical industry, who fear the impact of government spending cuts in their areas.

Some early reports from the "Super Committee" intimate that they are seriously looking at reductions in Social Security and Medicare which can have a significantly negative impact on many retirees.

The NCRO encourages you go to the NRLN website ([nrln.org](http://nrln.org)) to review the letter to each member of the "Super Committee." The posted letter is the one sent to Washington Senator Patty Murray, Democrat Co-Chair. Personalized letters also went to the other 11 members of the "Super Committee". If you agree with the solutions proposed by the NRLN, we encourage you to click on the Action Alert area on the NRLN website and

send the communication to your representatives so they know how you feel and ask them to make sure the "Super Committee" is alerted to your concerns.

This is a very important issue and your support is vital to make sure our Representatives know how we feel.

Please act quickly because time is running short!

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**Below is a copy of the letter sent to the Super Committee by the NLRN.**

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October 5, 2011

The Honorable Jeb Hensarling, Republican Co-Chair  
Joint Select Committee on Deficit Reduction  
U.S. House of Representatives  
129 Cannon House Office Building  
Washington, DC 20515-4305

Dear Representative Hensarling:

I am writing to you on behalf of the more than 2,000,000 retirees from 125 companies and public entities whose interests are represented by the National Retiree Legislative Network. In your role as a member of the Joint Select Committee on Deficit Reduction, we urge you to protect Social Security and Medicare and reduce the federal deficit by enacting legislation to reduce the cost of prescription drugs.

Social Security and Medicare as standing programs did not cause the federal budget deficit. The real issue is that rising costs in areas such as prescription drugs and wasteful, unnecessary programs in other areas of the economy have inflated our deficit. The "Super Committee" and Congress should not attempt to reduce the current deficit on the backs of retirees by cutting Social Security and Medicare benefits. The Congressional Budget Office (CBO), reported in August 2011 that Social Security and Medicare combined account for less than \$50 billion of the projected \$1.3 trillion deficit in 2011. From the perspective of the total economy and the deficit, these figures do not point to Social Security and Medicare as the real culprits in our deficit crisis. They are simply fig leaves to cover the real waste in our government spending such as programs and earmarks that curry favor with voters and campaign contributors.

### ***Social Security Is Not a Welfare Program***

Elected officials must be clear on the fact that first and foremost, Social Security is not a welfare program paid for by the U.S. government. Unlike almost all other federal spending programs, Social Security is fundamentally a "pension plan" – a means by which workers pool their own contributions to finance a lifetime annuity that ensures against poverty in old age. The current 55 million Social Security beneficiaries and their former employers have paid into the Social Security Trust that was created in 1937. Every year since 1983, the payroll tax for Social Security has generated tens of billions of dollars in surplus, every dollar of which was borrowed by Congress to cover other federal spending.

Our predecessors and current taxpayers have built up an enormous nest egg sufficient to cover 100% of promised benefits for at least another 25 years (to 2036). At the end of 2010, the Social Security, Old Age and Disability Income combined Trusts held \$2.7 trillion in government bonds. Although last year

was the first year since 1983 that the fund paid out more than it received in tax revenue, it still continued to grow because of the interest accrued — and it is estimated to continue to grow through 2022.

### ***Adjusting the Social Security Payroll Tax***

As Americans live longer, it should not be a surprise that the collective cost of insuring against outliving our assets increases. As a consequence, the NRLN believes the most fair and rationale way to close Social Security's long-range funding gap is through modest increases in the payroll tax rate and increasing the cap on maximum wages subject to the tax, which is currently \$106,800 a year. In the face of the impending Social Security Trust Fund crisis, it was a mistake in 2010 for Congress to reduce the Social Security payroll tax for workers from 6.2% to 4.2%. It would be even more devastating for Congress to pass the proposal in "The American Jobs Act" that the FICA tax be reduced to 3.1% and to cut employers' share for the payroll tax in half through the first \$5 million in payroll. This may be attractive to voters but it will worsen the very problem members of Congress need to solve.

### ***NRLN Opposes the Chained Consumer Price Index***

There have been NO benefits added to the Social Security system, other than Cost of Living Adjustments (COLA), since 1961, and there has not been a COLA for the past two years. The NRLN opposes any changes in the way the annual Cost-Of-Living Adjustment (COLA) is calculated. One such proposal would shift the current accounting calculations to the less accurate and less-generous Chained Consumer Price Index (CPI) for the current CPI in calculating the COLA.

Over the next 10 years alone, the Chained CPI would take \$112 billion directly out of the pockets of Social Security beneficiaries. For typical seniors who retire at age 65, their Social Security benefits would be \$1,000 less by the time they are 85, based on a benefit of just \$16,000 a year.

The chained CPI is a deceptive and ineffective way to cut benefits for Social Security beneficiaries. The current CPI already understates the cost-of-living increases facing seniors because they spend more on medical care than the average American. As economists including former CBO director Rudy Penner have pointed out, the Chained CPI is the wrong policy since it imposes the largest reductions on the oldest retirees who are facing high and increasing medical costs.

On the tax side, the Chained CPI would likely draw more revenue. Tax brackets would rise more slowly than incomes, so seniors would fall into higher brackets more quickly with more income subject to taxation. Millions of seniors are already struggling to make ends meet and should not be saddled with a greater income tax burden.

### ***NRLN Opposes Raising the Social Security Eligibility Age***

The NRLN opposes the recommendations by Alan Simpson and Erskine Bowles in their December 2010 "*The Moment of Truth*" Deficit Commission report to raise Social Security's full and early retirement ages. Their proposal would reset the full retirement age to 68 by 2050 and 69 by 2075; the early retirement age would rise to 63 and 64 in those same years. This comes on the heels of the increases already made in 1983 by the Greenspan Commission which moved full retirement age to 67 by 2022, in essence spreading out benefits.

The 1983 increase in the eligibility age for Social Security didn't decrease the federal budget deficit then, nor will it do so now. Moreover, longevity gains that proponents cite for increasing the eligibility age have been concentrated among more affluent Americans. A higher retirement age will require Americans to attempt to remain employed when hiring trends in the private sector favor younger rather than older workers.

### ***Social Security Trust Must Be Protected***

It is in the best interests of America's seniors that Congress should gradually raise the Social Security tax rate, and increase the cap on maximum wages taxed, until such time as the Social Security Trust is again adequately funded actuarially. This commitment should also require that once the Trust is adequately funded, tax rates and maximum wages taxed should be lowered to maintain actuarial funding only. The Social Security Trust in the future should be insulated from access by Congress and its funds should never again be a piggybank to cover other government spending.

### ***Avoid Reductions in Medicare Benefits***

The committee must avoid any reductions in Medicare benefits that could negatively impact the care that current and future retirees receive from doctors, hospitals and other health care services. Medicare benefits have become a fundamental financial security program for assisting seniors with their health care. As the NRLN recommends below, there are ways to reduce Medicare and health cost inflation generally without cutting benefits or quality of care.

Like Social Security, Medicare is not a welfare program; it is a covenant between the American people and their representatives that is consistent with the democratic principle of an elected government choosing to provide for its older constituency. There is an obligation to meet, not run from, this covenant. We believe that cutting benefits is not appropriate as long as there is genuine and obvious waste to remove from the federal budget.

The NRLN recognizes that the debate regarding Medicare is complex. The “X” factor in the Medicare debate is the fact that health care costs in general are rising at double the CPI. It’s not just Medicare that is at stake: the impact of rising health care costs on all middle income families, and especially on fixed-income retirees, is undermining sales of other products and services, choking off new jobs and our economic recovery.

### ***Medicare Spending Growth***

The May 2011 Medicare Trustees report indicates that spending for the program will increase faster than either workers' earnings or the economy over all. Medicare spending is growing at a 7.2% annual rate—far faster than the economy. The Medicare Trustees report also states that from 1985 through 2010 Medicare expenditures grew at a rate of 8.2%. The trustees predict that average Medicare spending per beneficiary will increase from \$11,000 in 2010 by more than 50%, to \$17,000 in 2018. Given rising costs and an aging population, Medicare's unfunded liabilities over the next 75 years would amount to about \$31 trillion.

While this may lead some to conclude that Medicare is unsustainable, the reality is that older Americans will incur these rising health care costs whether they are pooled through Medicare or not. The cost to society is the same unless we address the *real* problem of health cost inflation. A more rational and ethical conclusion is to address the root causes of the high costs and take adequate steps to eliminate them. For example, there is an enormous Medicare fraud problem that requires immediate attention. Centers for Medicare and Medicaid Services (CMS) estimates that \$48 billion of Medicare’s total outlays of \$509 billion in fiscal 2010 (Trustee report says \$523 billion) went to improper payments, including fraudulent ones.

Adding to the complexity, as the 2007 recession deepened, the Medicare program's financial health deteriorated. Higher unemployment levels drove payroll tax revenues precipitously lower, from 62.2% of Medicare revenue in 1990 to 38.9% in 2010, a nearly 40% decline. If health care costs are not curbed by 2020, it is estimated that Medicare payroll taxes and premiums will only cover 33% of Medicare costs.

### ***Tax Revenues Cover Less of Medicare Costs***

General tax revenues covered 27.9 % of Medicare's costs in 1990, but due to the shortfall in payroll tax revenue, health care cost inflation and the onset of baby boomer eligibility for Medicare, the share covered by general revenue rose to 44.0% in 2010, and is predicted to rise further to 45.9% by 2020, according to the Trustees report. This pressure on general revenue is increasing despite the fact that participant premiums used to cover costs increased from 9.8% in 1990 to 13.2% in 2010, a 35% increase. Premiums paid by participants are predicted to cover 15.1% of Medicare's cost by 2020. Under the debt ceiling bill passed in August 2011, Congress is now forced to cut the federal budget elsewhere or trigger a huge automatic cut in Medicare spending.

Private insurers with 12-to-16% overhead and 4% plus profit margins could never improve upon Medicare as the low-cost provider when Medicare's total overhead is just 3-to-4%. They both purchase from the same health care product and service providers and Medicare has the larger purchasing leverage. The NRLN agrees with the CBO's analysis that concludes that adding of private insurance plans into the mix would raise administrative costs and would not keep medical inflation as low as traditional Medicare has done.

### ***NRLN Recommendations on Medicare***

- Eliminate waste, cut back federal budgets for projects, non-strategic grants and planned budget expenditures and stop authoring wasteful preferential bills and amendments.
- Attack Medicare fraud with the full force and effect of the government. Congress must enact laws that contain stiffer federal penalties including prison time, for defrauding the Medicare system.
- Pass legislation that would compel safe importation, competitive bidding, funding to accelerate generic drug sales and eliminate non-competitive practices in the prescription drug industry.
- Set fair and equitable rate formulae for determining physician fees and make adjustments up or down annually. Examine costly referrals and redundant visit practices and disallow them.
- Congress must increase the Medicare tax on workers and employers until such time as taxes can again fund 60-65% of the Medicare budget

### ***Reduce Prescription Drug Costs; Cut the Deficit***

The NRLN believes that taking immediate steps to pass the bills cited below will generate the sort of substantial and measurable savings needed to reach a positive solution to unjustifiably high prescription drug costs help reduce the federal budget deficit. These initiatives will simultaneously create hundreds of billions of dollars in savings that can offset national health care reform costs and reduce out-of-pocket spending by American consumers. Savings of this magnitude will dampen health cost inflation and stimulate long-term economic growth for the U.S. economy.

The NRLN advocates free-market competition while also being mindful of prescription drug safety. Congress should enable the safe and controlled importation of prescription drugs, as well as competitive bidding and robust formularies for Medicare Part D. Congress should also ensure that the FDA accelerate access to generic

prescription drugs. Backlogs of generic drugs awaiting approval have exceeded five (5) years and must be eliminated by providing for user fees and the staff needed to expedite approvals. Equally important, agreements that might restrain competition among brand-name and generic manufacturers, such as “pay-for-delay” agreements that may keep lower-priced generic drugs off the market, must be further investigated and, if warranted, outlawed.

The NRLN projects that if Congress acts to implement these initiatives, the nation’s \$4,060 billion in projected prescription drug expenditures over the next ten (10) years can be reduced by 18%. This 18% savings would amount to \$730 billion:

<u>Recommended Initiatives</u>	<u>\$ Savings</u>	<u>% Savings</u>
<b>Importation, Re-importation</b>	<b>\$203 billion</b>	<b>5%</b>
<b>Competitive Bidding</b>	<b>\$203 “</b>	<b>5%</b>
<b>Generic Drug Market Share Growth of 16%</b>	<b>\$243 “</b>	<b>6%</b>
<b>Elimination of Restraint if Trade Practices</b>	<b>\$ 81 “</b>	<b>2%</b>
<b>TOTALS</b>	<b>\$730 “</b>	<b>18%</b>

If the pledge of \$80 billion in savings by the Pharmaceutical Research and Manufacturers of America (PhRMA) in June of 2009 will close 50% of the Medicare D doughnut-hole, then Congress could allocate \$160 billion of this \$730 billion savings to pay for the virtual elimination of the doughnut hole. This would leave \$570 billion that could offset a substantial portion of the \$1 trillion or higher cost of national health care over the next ten (10) years. In other words, the savings from the four prescription drug reforms in this paper could close 100% of the Medicare D doughnut hole and reduce the deficit by \$160 billion over ten (10) years, and offset the total cost of health care by \$57 billion annually.

The NRLN urges you to support passage of the following bills:

**S. 319: Pharmaceutical Market Access and Drug Safety Act of 2011** would allow the re-importation and importation of FDA-approved medications from countries with tough safety standards. This would make it possible for Americans to buy more affordable prescription drugs from countries where drug prices are 35% to 55% percent lower than in the U.S.

**S. 44, Medicare Prescription Drug Price Negotiation Act of 2011 and H.R. 2248, Medicare Prescription Drug Price Negotiation Act of 2011** would direct the Secretary of Health and Human Services (HHS) to negotiate with pharmaceutical manufacturers the prices that may be charged to Medicare Part D prescription drug plans. The NRLN advocates that S.44 authorizes HHS to compile a Medicare participant formulary as part of its competitive bidding plan.

**S. 27, Preserve Access to Affordable Generics Act** would (1) enhance competition in the pharmaceutical market by stopping anticompetitive agreements between brand name and generic drug manufacturers; and (2) support the purpose and intent of antitrust laws by prohibiting anticompetitive practices in the pharmaceutical industry that harm consumers.

While S.44, the bill to provide for the negotiation of prescription drug prices for Medicare participants, has a companion bill in the House in the form of H.R. 2248, we urge you to encourage your colleagues in the House to introduce companion bills for S. 319 and S. 27.

***Honor the Social Security and Medicare Covenants***

It is time for the "Super Committee" and Congress to go to work, clean up your own backyard, and leave retirees alone. Honor the Social Security and Medicare covenants that Congress struck years ago and immediately pass the prescription drug bills.

More than half of senior couples draw more than half of their income from Social Security and 22% these couples draw more than 90% of their income from Social Security. Also, 73% of single seniors draw more than half of their income from Social Security and approximately 43% of them draw more than 90% of their income from Social Security. Nearly half of the Medicare beneficiaries live at or below 200% of the federal poverty line (i.e., \$20,800 annual income for a single person and \$28,000 for a couple). Over a third of the beneficiaries are afflicted with three or more chronic conditions.

Current and future retirees have a right to expect this Committee to protect their financial security at the time in their lives when their livelihood may be taken away due health limitations and simple ageism among employers. The NRLN and its more than 2,000,000 members stand ready to assist the committee in any way to ensure that this vulnerable demographic is not harmed by misguided cuts in programs that are vital to their well-being.

I look forward to hearing from you, as do your constituents.

Sincerely,



President, National Retiree Legislative Network

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## **HEALTHCARE/MEDICARE**

**Pre-age 65** Retirees Annual Enrollment runs from November 2 to 16, 2011. You can enroll either online at: <http://resources.hewitt.com/chrysler/> or by telephone at Benefit Express at 800-409-3300 between 8 a.m. and 4 p.m. Eastern Time Monday through Friday.

In April of this year Pre-age 65 Retirees were notified that Chrysler applied for reimbursement for a portion of the costs of health benefits for early retirees, spouses, surviving spouses and eligible dependents provided under the sponsor's (Chrysler's) health plan. Chrysler was approved for and recently received funds from the Early Retiree Reinsurance Program (ERRP). This is an offset to the 2012 premium increase and may not be repeatable in the future.

For the 2012 plan year, Chrysler will use the funds it has received to date to reduce pre-age 65 retiree medical premiums. This reduction is reflected in your Enrollment Worksheet, which was included in your 2012 Retiree Choice Annual Enrollment package.

**Post-age 65 retirees are reminded that Medicare enrollment ends on December 7th this year, nearly 3 weeks earlier than last year.**

Part "B" premium for 2012 has changed. It will be \$99.90.

Advantage and Part D drug plans change their formularies and prices every year. Retirees are urged to go to [Medicare.gov](http://www.medicare.gov) and perform a personalized search for plans in his/her local area. The search will identify both the low cost plans and the ratings of plan providers.

If a retiree desires to change supplement (Medigap) healthcare plans, be aware that pre-existing conditions may be a factor in limiting choices. Pre-existing conditions do not apply when changing Advantage plan

policies during the open enrollment period. Retirees should retain his/her present insurance while applying for the new insurance, never cancel any existing policy only ENROLL in a new policy. If the retiree disenrolls or cancels any policy it may lead to having Medicare only or no coverage. Disenrolling in the old policy will be done automatically by Medicare (CMS) and assured by the retiree being sure to NOT continue paying any premiums on the old policy.

Need information on healthcare and cannot find it in [Medicare.gov](http://www.Medicare.gov)? Then go to [CMS.gov](http://www.CMS.gov)

**Chrysler and Ford salaried retirees who CURRENTLY have the Blue Cross Blue Shield Legacy Medigap policy will be re-enrolled.** However, **BCBCM is rejecting NEW Chrysler and Ford retiree Legacy applicants at this time.** The Legacy plan is very desirable since it does not have pre-existing condition requirements, and is priced the same for all retirees (community rated.) A request has been filed with the Michigan Attorney General's office to appeal this BCBSM action. The NCRO will inform members if the appeal succeeds.

### Up coming events.

The February quarterly meeting healthcare topics are:

- Your options if you or your spouse are in a long term care
- Michigan Estate Recovery Program.

### MEMBERSHIP

Recently the federal government resolved the budget crisis by increasing "our" debt ceiling. At the same time a special committee, known as the Super Committee, consisting of members from both parties has been formed whose goal is lofty: concoct a deal both parties will embrace to slash federal deficits by a mammoth \$1.5 trillion or more over the next decade. Yet from the moment House and Senate leaders appoint the 12 members until the 2012 elections, hurricane-force political pressures are going to make it tough to produce anything substantial. All sides will fiercely defend core priorities, Republicans opposing tax increases and defense cuts and Democrats protecting benefits for Medicare, Social Security and Medicaid recipients. **Those happen to be exactly where nonpartisan analysts say savings must occur for any serious deficit-cutting package to emerge.**

More than ever NCRO will have to watch and address with our federal and state legislatures any reductions that should have a drastic impact on the quality of life for our members as well as all retirees. This is why we need your continued support by maintaining your membership in NCRO.

### Membership Dues

2012 Calendar Year Annual Dues(1-1-2012 thru 12-31-2012) invoices will be mailed in early November. The \$25 annual dues must be paid by December 31, 2011.

If possible, please make your payments via PayPal on our website at <http://www.ncro.org/Programs/dues.php>

or

Please Make Checks Payable to **NCRO** and mail to:

**National Chrysler Retirement Organization**

P.O. Box 174

Washington Twp., MI 48094

Also we ask that you enlist your retiree friends who are not NCRO members to join in our efforts. It is also why we continue to work closely with the National Retiree Legislative Network (NRLN) to lobby for appropriate laws and regulatory actions that protect for the future what we have earned in the past.

**REMINDER TO CHECK/UPDATE YOUR INFORMATION FOR THE NCRO**

Please go to the NCRO website ([www.ncro.org](http://www.ncro.org)) under the “NCRO Members” tab and check to see that your correct address and/or email address is on file. We often find that members have moved or changed their e-mail address which creates a problem for them to receive the newsletter and any NCRO/NRLN pertinent information. If you are having a problem updating your information please contact Pete Piccinato and he will help to get it done. Pete’s email is: [ppiccinato@comcast.net](mailto:ppiccinato@comcast.net)

**Future Quarterly Meeting Dates**

- January 25, 2012(Tentative)
- April 18, 2012
- July 18, 2012
- October 17, 2012

CHRYSLER GROUP LLC  
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<sup>1</sup>The Preferred Price is the maximum amount you will be charged by a participating U.S. dealer for an eligible vehicle. See dealer for details. A \$75 administration fee applies. The Dodge Viper and all SRT models are not currently eligible for this program. Chrysler, Jeep, Dodge and Ram are registered trademarks of Chrysler Group LLC. FIAT is a registered trademark of Fiat Group Marketing & Corporate Communication S.p.A., used under license by Chrysler Group LLC. ©2011 Chrysler Group LLC. All rights reserved.

