2010 Abbott Retiree Benefits Enrollment Materials

Overview
The enrollment period for 2010 Abbott retiree health care benefits is October 26 to November 6, 2009. The enclosed statement shows your benefits coverage for 2010, including your cost.

You will see an increase in the cost of your coverage next year. Despite this increase, Abbott continues to bear the greatest portion of your health care costs. Today, the value of your retirement benefits is on par with the best in corporate America. Abbott continues to provide retirees with a combination of quality, affordability and efficiency that adds up to a comprehensive health care benefit program.

What You Need to Do

- You do not need to take any action if:
  - You do not want to make any changes; and
  - You have supplied Social Security numbers for every covered dependent; and
  - You are not covering dependent children ages 19 through 24.

- If you have covered dependent children ages 19 through 24 in 2009 you must certify their continued eligibility by calling myHRTeam at (877) 228-4707.

- If you have not provided Social Security numbers for every one of your covered dependents (regardless of their age), you should also call myHRTeam during the enrollment period to do so.

- If you want to make changes to your personal or dependent information, or you would like to discontinue your coverage under the Abbott Retiree Health Care Plan, please call myHRTeam.

How to Reach myHRTeam
You can reach myHRTeam by phone at (877) 228-4707 Monday through Friday, from 7 a.m. to 7 p.m. Central Time.

Considering Medicare Prescription Drug Coverage?
You have probably received marketing materials from Medicare prescription drug plan providers, and information from the Centers for Medicare and Medicaid Services (CMS) about enrolling in Medicare prescription drug coverage. Most retirees with Abbott coverage should not enroll in a Medicare prescription drug plan, because the prescription coverage provided through the Abbott Laboratories Retiree Health Care Plan is as good as – or better than – the standard Medicare prescription drug plan.

BENEFIT ENROLLMENT CONFIRMATION

Abbott
A Promise for Life

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MARIA MOORE
4603 HUNTSMAN COURT
TAMPA, FL 33624

Birth Date: Sep 17, 1924
UPI: 10098875

Please review this confirmation carefully. This statement confirms your current benefits selections, costs, and those dependents enrolled for coverage in 2010. This information will remain in effect through 12/31/2010 Please review all information to ensure that it is correct. If any of your benefit selections, costs, and/or dependent information are incorrect, you must call myHRTeam at 877-228-4707. Please keep this statement for your records.

Benefits	Effective Date	Option	Coverage	Pretax Cost	Post-Tax Cost
Medical	01/01/2006	Retiree Indemnity with Medicare	Retiree Only	0.00	0.00
Dental	01/01/1988	No Coverage		0.00	0.00
Basic Life Insurance	06/29/2006	$2,500	$2,500	0.00	0.00
			Monthly Cost:	$.00	$.00
			Total Monthly Cost:		$0.00

Dependent Information

Name	Birth Date	Relationship	Medical	Dental

You currently have no dependents on file.

Beneficiary Allocations

Name	SSN/TaxID					Retiree Life P / C

Previous beneficiary information recorded on a paper file is not included; please record your current or new beneficiary information so that we have your most recent information available electronically.

Your enrollment in the Abbott Benefits Plan, whether through the web, by phone, or the default provisions of the Plan as listed in your enrollment summary, created this record of your enrollment terms and choices. By enrolling or accepting benefits under the Plan, you acknowledge and confirm the following:

- I have read the explanation of the optional benefits available in this enrollment.
- I understand these benefit selections are legally binding for the new Plan Year, except for my right to make any changes that are allowed during the Plan Year under the Plan or one of its programs.
- I certify that the personal and dependent information included in my enrollment is complete and correct, to the best of my knowledge.
- I also agree to comply with the rules of the Abbott Benefits Plan and its programs.