



**NOTICE OF INTENT TO TERMINATE**

**CHATTANOOGA-HAMILTON COUNTY HOSPITAL AUTHORITY PENSION RETIREMENT PLAN AND TRUST**

Issued April 23, 2025

Chattanooga-Hamilton County Hospital Authority (the "Authority"), as the Plan Administrator, intends to terminate the Chattanooga-Hamilton County Hospital Authority Pension Retirement Plan and Trust (the "Plan") in a standard termination.

In order for the Plan to terminate in a standard termination, Plan assets must be sufficient to provide all Plan benefits. If the proposed termination does not occur or the proposed termination date changes, the Authority will notify you in writing.

**CONTRIBUTING SPONSOR NAME:** Chattanooga-Hamilton County Hospital Authority

**PLAN INFORMATION:** Chattanooga-Hamilton County Hospital Authority Pension Retirement Plan and Trust

**FOR CURRENT RETIREES:** The proposed termination will not affect your monthly benefit amount.

**PROPOSED TERMINATION DATE: December 31, 2025**

The Authority will notify you in writing if the proposed termination date is changed to a later date or the termination does not occur.

**CONTACT PERSON:** If you have any questions concerning the Plan's termination, please contact either:

Plan Contact	Empower
Erlanger Health System	Attn: DB Operations
PlanContact@erlanger.org	P.O. Box 9926
	Providence, RI 02940-4026
	800-338-4015

**CESSATION OF ACCRUALS:** Benefit accruals ceased as of June 21, 2014. Additionally, any employee hired or rehired on or after July 1, 2009 is not eligible to participate in the Plan.

**OBTAINING A SUMMARY PLAN DESCRIPTION:** If you wish to obtain a copy of the summary plan description (SPD) for the Plan, you may email the contact person shown above.

**NOTIFICATION OF PLAN BENEFITS:** The Authority will provide you, at a later date, written notification regarding your benefits.

**IDENTITY OF INSURER(S):** If you receive a benefit in the form of an annuity, the Authority intends to purchase an annuity contract for your benefit from an insurer to be selected at a later date. The Authority will notify you in writing of the name and address of the insurer(s) from whom, or from among whom, the Authority intends to purchase the annuity no later than 45 days before the Authority makes the purchase.

**KEEP THE COMPANY INFORMED:** Please keep the Authority informed about your current address so that we can continue to send you information about your Plan benefit. You may call or write the Contact Person shown above to make changes to your personal or contact information.