



## Memorandum

**DATE:** January 2, 2007

**TO:** PNC Employees

**FROM:** Corporate Benefits Administration

**RE:** Summary Plan Descriptions

PNC provides a competitive and comprehensive benefit package (comprised of a number of benefit plans and programs) for its employees. To help employees understand this array of benefits, PNC has prepared a series of documents, called "Summary Plan Descriptions" (SPDs). These documents describe the benefits – including any eligibility requirements – and disclose participants' rights under the various plans.

The SPDs are enclosed for your review. You also can review the SPDs by visiting PNC's internal employee website, HR Connections. Please note that you may not be currently eligible for all of the plans based on your employment status and/or your dates of service.

At any time in the future you also have the right to request and receive, free of charge, printed copies of the SPDs. You may make this request either via e-mail at 1-800-PNC-PLAN@pnc.com or by calling the PNC HR Service Center at 1-800-PNC-PLAN. Representatives are available between 8:30 a.m. and 5:45 p.m. Eastern time, Monday through Friday.

# **THE PNC FINANCIAL SERVICES GROUP, INC.**

## **Disability Income Protection Program**

### **Summary Plan Description**

This Summary Plan Description (SPD) provides a general overview of the Disability Income Protection Program (DIP) offered by The PNC Financial Services Group, Inc. (PNC). This SPD does not contain all the information you may need to fully understand the DIP. For more detailed information, refer to the DIP Plan Document, which contains the terms and conditions of the DIP.

For more details on how to protect yourself from financial hardship due to disability or death, contact your Human Resources department or call 1-800-333-0123. You can also visit [www.pnc.com](http://www.pnc.com) for more information about PNC products and services.

If you have questions about your benefit options, contact your Human Resources department or call 1-800-333-0123.

For more information about the DIP, contact your Human Resources department or call 1-800-333-0123. You can also visit [www.pnc.com](http://www.pnc.com) for more information about PNC products and services.

**Revised December 2006**

## **5.00**

### Your Disability Income Protection Program

The following briefly highlights the main areas of PNC's disability income protection program. It is not inclusive of all details, restrictions or requirements.

#### **Short-Term Disability**

*Eligibility:* After 6 months of continuous full-time service

*Cost:* PNC pays full cost

- Salary continuance when unable to work due to illness or injury
- The first 5 days of continuous absence, or the equivalent of the first 5 days if work schedule is other than 5 days per week, are unpaid. This is called the Elimination Period.
- Other paid time off may be used to provide salary continuation during the Elimination Period.
- 100% or 50% of pay depending on length of the most recent continuous full-time service.

#### **The PNC Financial Services Group, Inc. Long Term Disability Plan**

*Eligibility:* Coverage under the Long Term Disability Plan begins on the first day of the month following your date of hire, date of rehire or date of reclassification from part-time to full-time status.

*Cost:* PNC pays full cost of basic coverage. Employee contributes for additional coverage through pre-tax payroll deductions.

- Basic coverage: 60% of monthly base salary, up to maximum of \$10,000 per month
- Supplemental coverage: 70% of monthly base salary, up to maximum of \$10,000 per month

## **5.01**

### **Introduction**

PNC provides two programs of income protection when you are unable to work due to illness or injury: short term disability benefits and The PNC Financial Services Group, Inc. Long Term Disability Plan. The length of your disability determines which portion of the program pays your benefit. Here are some highlights of these programs:

- Short Term Disability (STD) benefits provide continuing income after you are absent from work due to sickness or injury for 5 consecutive work days or longer, or the equivalent of 5 consecutive work days or longer if your work schedule is other than 5 days per week. STD benefits are paid beginning on day 6, or after 40 hours of the continuous absence.
  - You are eligible for STD benefits after 6 months of continuous full-time employment with PNC.
  - You can receive STD benefits under the STD program for up to 12 weeks, depending on the length of your most recent continuous full-time service.
  - PNC pays the entire cost of your STD coverage.
- The Long Term Disability Plan (LTD) provides continuing income if your disability keeps you out of work beyond 90 consecutive calendar days.
  - You are eligible for LTD benefits on the first day of the month following your date of hire, date of rehire or date of reclassification from part-time to full-time service.
  - The LTD Plan can pay benefits during your period of disability as defined in the plan.

- PNC pays the entire cost of your basic LTD coverage. Basic LTD coverage equals 60% of your monthly base salary (as of the date of disability) up to \$10,000 per month.
- You may purchase additional LTD coverage which, when combined with the basic LTD coverage, equals 70% of your monthly base salary (as of the date of disability) up to \$10,000 per month.

STD benefits constitute a current payroll practice of PNC that is not subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The STD and LTD benefits can be amended, modified, revoked or terminated at any time.

For additional information regarding STD benefits and the LTD Plan, refer to the Administration Information Section 20.00 in the Employee Manual, for more information.

The official plan document for the LTD Plan legally governs the operation of the LTD Plan. The SPD is written in a manner that is intended to be easily understandable and to summarize the benefits available to you under the Plan. There may be other Plan materials that contain more detailed information about Plan benefits. Every effort has been made to ensure that all of these materials contain a consistent description of the Plan's benefits. However, if there is any conflict or inconsistency between these materials, it is the Plan Administrator's responsibility to interpret the conflicting provisions and determine what benefits will be provided under the Plan. Also, please keep in mind that the Plan, any changes to it, or any payments to you under its terms, does not constitute a contract of employment with PNC and does not give you the right to be retained in the employment of PNC. No one speaking on behalf of the Plan or the Plan sponsor can later change the terms of the Plan. You and your beneficiaries may obtain copies of the Plan and its related documents or examine these documents by contacting the Plan Administrator.

## **5.02**

### **Short Term Disability Benefits**

The STD benefits provide salary continuation when you are unable to work due to illness or injury. This benefit, based on your disability date, continues all or part of your base salary for a period of time, depending on the length of your most recent full-time continuous service.

The date of disability is defined as the date you are first unable to perform the essential functions of your job. You cannot elect additional coverage while disabled. In order to qualify for STD benefits, you must be under the care of a licensed medical doctor who is actually treating your condition.

#### **When You Are Eligible**

All full-time employees with at least 6 months of continuous full-time service are eligible for benefits provided by STD. Refer to the Benefit Administration Summary Plan Description, Number 20.00, for more information. Full-time and part-time employees working in states with mandated disability benefits also are eligible for benefits provided by STD. STD salary continuation is reduced by the amount of disability benefits paid by a state plan or a state-approved disability benefit plan. Commissioned employees, however, are not eligible for STD benefits from PNC, but may be eligible for state mandated disability benefits.

#### **Your STD Benefit**

Whenever you are sick or injured and unable to work for 5 consecutive days or longer, you should notify your supervisor. If you are eligible, your STD benefit begins on the 6<sup>th</sup> day, or 40 hours after the continuous absence and may continue for up to a maximum of 12 weeks. The first 5 days of your continuous absence is called the Elimination Period and it is unpaid. You may elect to use other paid time off that you are eligible to receive during the Elimination Period by contacting your supervisor to request it. You will receive either 100% or 50% of your base salary depending on the length of your most recent full-time continuous service with PNC. The following schedule of benefits represents an annual allotment of STD benefits for each calendar year.

Elimination Period	If your full-time continuous service when you become disabled is:	Receive 100% Pay	Receive 50% Pay	Total Benefit Period
One week	6 months but less than 1 year	0 week	1 week	1 week
One week	1 year but less than 2 years	1 week	1 week	2 weeks
One week	2 years but less than 3 years	2 weeks	2 weeks	4 weeks
One week	3 years but less than 4 years	3 weeks	3 weeks	6 weeks
One week	4 years but less than 5 years	4 weeks	4 weeks	8 weeks
One week	5 years but less than 6 years	5 weeks	5 weeks	10 weeks
One week	6 years but less than 7 years	6 weeks	6 weeks	12 weeks
One week	7 years but less than 8 years	7 weeks	5 weeks	12 weeks
One week	8 years but less than 9 years	8 weeks	4 weeks	12 weeks
One week	9 years but less than 10 years	9 weeks	3 weeks	12 weeks
One week	10 years or more	12 weeks	--	12 weeks

The STD absence also may qualify as Family and Medical leave (FML). The following example illustrates STD and FML eligibility in a typical maternity disability:

**Example:**

Female employee with 4 years of PNC full-time continuous service goes out on short-term disability for maternity purposes. Employee has a normal delivery and her physician releases her to return to work 6 weeks after her delivery.

If the employee remains totally disabled, she would be eligible for:

- 1 week (or 40 hour) unpaid elimination period
- 4 weeks of STD benefits at 100% pay;
- 4 weeks of STD benefits at 50% pay.

However, since her physician releases her to return to work in 6 weeks, this employee will receive:

- 1 week (or 40 hour) unpaid elimination period
- 4 weeks of STD benefits at 100% pay;
- 1 week of STD benefits at 50% pay

**Note:** This employee did not remain disabled beyond 6 weeks; therefore, she is not entitled to any further STD payments. She would, however, be eligible for continuing FML for an additional 7 weeks, which are unpaid. Refer to PNC's Time Off policies for more information.

Your STD benefits will be reduced by any amounts of monthly income you are entitled to receive from other sources such as:

- Workers' Compensation or any other occupational disease law or similar legislation;
- Pension benefits received from other companies;
- Any other state or federal disability benefit plans; or
- Any other income replacement benefits from claims against third parties.

When you become disabled more than once during the year, the above schedule works like this:

- If you use part of your annual allotment for STD salary continuation, return to work, and become disabled within 60 days in the same calendar year, *for the same or related condition*, you do not have to satisfy another one week (or 40 hour) elimination period. You will only be eligible for the balance of your STD salary continuation allotment for that calendar year.
- If you use part of your annual allotment for STD salary continuation, return to work, and become disabled within 60 days in the same calendar year, *for a different condition*, you must satisfy another one week (or 40 hour) elimination period. You will only be eligible for the balance of your STD benefit allotment for that calendar year.
- If you use part of your annual allotment for STD salary continuation, return to work, and become disabled 60 days or longer after the prior STD occurrence, you must satisfy another one week (or 40 hour) elimination period, regardless of whether or not the absence is related to the previous STD occurrence. You will only be eligible for the balance of your STD benefit allotment for that calendar year.
- If you use part of your STD salary continuation in one calendar year and you remain disabled through the end of the year, any STD benefits paid in the following year will be deducted from your STD allotment in the following year, even though your disability began in the prior year.
- After you have used your full allotment for STD benefits in a calendar year, you are no longer eligible for STD salary continuation in that calendar year.
- If you use your full allotment of STD benefits in a calendar year, return to work, and cross over a service anniversary date before becoming disabled again, you will be eligible for the additional salary continuation only. Additional STD salary continuation is based on your full-time service anniversary.

PNC's Disability Manager in PNC Corporate Benefits Administration is responsible for applying and enforcing the various STD practices described in this document.

If you do not provide the requested medical documentation to support your disability claim by the requested deadline date, STD salary continuation will be suspended until such documentation is received and validated. If the medical documentation does not support your claim for disability, you must repay the STD benefits overpaid to you. If your claim is determined to be not valid for STD benefits, and you do not return to work, you will be responsible for paying the full cost of the premium for any benefit plans for which you are enrolled.

The Disability Manager may request that you undergo medical examinations, at PNC's expense, before and while you are receiving STD benefits. If you refuse to be examined or if you fail to timely submit any medical or otherwise relevant information that the Disability Manager requests, your STD Plan benefits may be discontinued.

### **5.03**

#### **Long-Term Disability Plan**

The following briefly highlights the main areas of the Long Term Disability (LTD) Plan.

PNC's LTD Plan provides benefits that protect you from income loss if a disability keeps you out of work for a long period of time. The LTD Plan covers disabilities due to injury or illness occurring on or off the job.

#### **When You Are Eligible**

You are automatically covered by the basic LTD Plan coverage on the first day of the month following your date of hire, date of rehire or date of reclassification from part-time to full-time status. You are also eligible to elect additional LTD coverage on your first day of active employment provided you are a full-time employee.

The date of disability is defined as the date you first are unable to perform each of the material functions of your job due to an injury or sickness. Once you become disabled, salary changes will not result in increases in benefits nor can you elect additional coverage while disabled.

#### **Cost for Coverage**

The cost for your basic LTD Plan coverage is paid for in full by PNC. You must pay for the cost of additional (or supplemental) coverage through biweekly payroll contributions on a pre-tax basis.

If your salary increases, your coverage amounts and payroll deductions for voluntary coverage will increase automatically on the effective date of the increase.

**Note:** If you are out on a leave, you will receive a monthly invoice that must be paid each in order to remain eligible for the supplemental LTD coverage. If you return to work, any past due employee benefit contributions will be deducted from your first paycheck.

#### **When Benefits Can Be Paid**

You can begin receiving monthly LTD benefits after you have been totally disabled due to an injury or sickness for 90 consecutive calendar days. This is called the elimination period.

If your total disability ends for 7 calendar days and you again become disabled during the elimination period, you need not satisfy a new elimination period, but days worked will not count toward the elimination period.

To be considered totally disabled, your disability must keep you from performing each of the material duties of your regular occupation. After benefits have been paid for 24 months, your disability must keep you from performing the material duties of any gainful occupation for which you are reasonably suited by training, education or experience.

You will not qualify for LTD benefits if a licensed physician is not treating your disability. In addition, benefits are not payable when your disability is the result of:

- An intentionally self-inflicted injury;
- War, declared or undeclared, or any act of war; or
- Your active participation in a riot.

If your disability is the result of a pre-existing condition and begins within your first 5 consecutive work days (or 40 hours) of full-time employment, no LTD benefits will be payable. Once you have been at your job for at least 5 consecutive days (or 40 hours), however, a pre-existing condition will be covered. A pre-existing condition is a condition for which you receive medical treatment, consultation or care, or for which you take prescribed drugs within 30 days before your coverage under the LTD Plan becomes effective.

#### **Claims Administrator**

The plan administrator is responsible for applying and enforcing the various provisions of the LTD Plan. The plan administrator may appoint an individual or company to act as its claims administrator for the LTD Plan.

The plan administrator or claims administrator may request that you undergo medical examinations, at PNC's expense, before and while you are receiving LTD Plan benefits. If you refuse to be examined or if you refuse to submit any medical or other relevant information that the claims administrator requests, your Plan benefits may be discontinued.

### **How Much the LTD Plan Pays**

The LTD Plan pays you a monthly benefit equal to 60% or 70% of your monthly base salary in effect on the date total disability begins, up to a maximum monthly benefit of \$10,000. After you first enroll, you can elect or drop additional coverage during the annual open enrollment period each year or if you have a change in status. However, you must be actually at work on the effective date for your election to become effective. Refer to the Benefit Administration Summary Plan Description for more information.

Your monthly base salary (determined by dividing your annual rate of pay by 12) is the salary you are earning when you disability occurs, excluding overtime, bonuses and other forms of extra compensation. The monthly base salary for employees who are paid in whole or in part by commission is based on a PNC-calculated monthly base salary used for certain other benefits purposes and does not include commission income.

If your Social Security disability benefits are adjusted due to an earnings credit, your monthly PNC disability benefit will be reduced to reflect the increase in your Social Security disability income.

Your LTD benefit will be reduced by any income you receive or are entitled to receive from these other sources:

- Vacation pay;
- Social Security payments for disability or retirement (including family benefits);
- Workers' Compensation or any occupational disease law or similar legislation;
- Any other state or federal plans;
- Any other company-sponsored disability or retirement plans; or
- Any other income replacement benefits from claims against third parties. (See "Subrogation of Claims" below.)

Depending on the extent of your disability, you may be eligible for Social Security disability benefits after you have been disabled for 5 months. You are obligated to apply for these benefits even if you feel your claim will be denied.

If the Claims Administrator does not receive notification from you that benefits have been either awarded or denied, your LTD benefit will be reduced after 5 months by an estimate of the Social Security benefit to which you may be entitled. This reduction will continue until you supply the claims administrator with either a denial of benefits notice or evidence of the actual Social Security benefit.

If Social Security disability benefits increase after your LTD benefits have begun, the increase in Social Security benefits will not reduce the amount you are receiving from the LTD Plan.

If your application for Social Security benefits is denied, you should request that the claims administrator assist you in submitting the needed information for an appeal.

If your application for Social Security benefits is approved and you have received an overpayment from the PNC plan, you must repay the overpayment in full upon receipt of your Social Security award. Failure to repay any overpayment will result in referral to PNC's collection agent.

**Example:**

Louise becomes totally disabled and her monthly base salary is \$2,000. The base LTD Plan assures her an income beginning on the 91st day of disability equal to 60% of \$2,000, or \$1,200. If Louise previously elected to purchase additional coverage, her income would be equal to 70% of \$2,000 or \$1,400.

**Situation A**

Louise is not eligible for benefits from any other source.

<i>Louise's base LTD benefit</i>	<i>\$1,200</i>
<i>With optional LTD benefit</i>	<i>\$1,400</i>

**Situation B**

Louise is eligible for a Social Security benefit after she has been disabled for 5 months. Now her disability income is provided from two sources.

	<i>Base Coverage</i>	<i>Additional Coverage</i>
<i>Louise's monthly base</i>	<i>\$1,200</i>	<i>\$1,400</i>
<i>Louise's Social Security benefit</i>	<i>\$700</i>	<i>\$700</i>
<i>Her monthly LTD benefit</i>	<i>+\$500</i>	<i>+\$700</i>
<i>For a total monthly disability income of</i>	<i>\$1,200</i>	<i>\$1,400</i>

**Situation C**

Louise is eligible for a Social Security benefit and a Workers' Compensation benefit.

	<i>Base Coverage</i>	<i>Additional Coverage</i>
<i>Louise's monthly base</i>	<i>\$1,200</i>	<i>\$1,400</i>
<i>Her Social Security benefit</i>	<i>\$700</i>	<i>\$700</i>
<i>Her Workers' Compensation benefit</i>	<i>\$400</i>	<i>\$400</i>
<i>Her monthly LTD benefit</i>	<i>+\$100</i>	<i>+\$300</i>
<i>For a total monthly disability income of</i>	<i>\$1,200</i>	<i>\$1,400</i>

**How Long LTD Benefits Can Continue**

If you become disabled before you reach age 60, your LTD benefits under the LTD Plan will continue as long as you remain disabled under the LTD Plan or reach age 65, which ever occurs first. If you are age 60 or older when your disability starts, LTD benefits will be paid for up to 60 months while you remain disabled.

*If your disability begins*

*You are eligible for benefits to a maximum of*

*Before age 60*  
*At age 60 or older*

*age 65*  
*60 months*

**LTD Benefits for Mental Illness**

If you are totally disabled due to mental illness (mental, nervous, or emotional disorders as determined by the claims administrator, LTD benefits will not exceed 24 months of monthly benefit payments unless you meet one of these conditions:

- You are in a hospital or institution at the end of the 24-month period. The monthly LTD benefit will be paid during the period of confinement. If you are still disabled when discharged, the monthly LTD benefit will be paid for the recovery period of up to 90 days. If you are re-confined during the recovery period for at least 14 consecutive days, LTD benefits will be paid for the confinement and another recovery period of up to 90 days.
- You continue to be totally disabled and become confined
  - after the 24-month period; and
  - for at least 14 consecutive days.

Then the monthly LTD benefit will be payable during the confinement only.

The monthly LTD benefits is not payable for a period longer than 180 days from the expiration of the 24-month period.

“Hospital” or “institution” means a facility licensed to provide care and treatment for the condition causing your disability.

#### **Successive Periods of Disability**

If you qualify for LTD benefits, recover sufficiently to return to work on a partial or full-time basis, and then suffer a relapse that is related or due to the same condition, here is how LTD benefits are administered:

- If you have been back at your regular job, performing all of the normal duties on an active full-time basis for less than 6 months, your relapse will be considered a continuation of your earlier disability; LTD benefits would be resumed without a 90-day elimination period.
- If you have been working full time at your regular job for 6 months or longer and then have a relapse, the second period of disability will be considered separate from the first. You would be eligible for LTD benefits after another 90-day elimination period.

#### **Partial Disability**

If you have received at least one LTD monthly benefit payment and return to your position on a part-time basis, or if you return to another job on a full-time basis and earn not more than 80% of your pre-disability income, you may be eligible for a partial LTD benefit equal to 60% of your lost income, or 70% if you elect to purchase additional coverage. The determination of your pre-disability income will be subject to a 7% annual increase.

Subrogation specifically applies to all policies of insurance or other sources of funds under which you may recover or be reimbursed for illness or injury caused by a third party, except individual policies of medical insurance which you may have purchased for yourself and your enrolled dependents.

#### **How to Claim LTD Benefits**

PNC Corporate Benefits Administration will initiate the LTD application process by sending an LTD application to you within 60 days after your disability begins. You and your attending physician must complete the application and submit it to PNC Corporate Benefits Administration within 90 days after your disability begins.

PNC Corporate Benefits Administration will complete the employer section of the form and forward the claim to the claims administrator for processing.

For the procedures to be followed in presenting claims for benefits and the remedies for claims denial as well as the procedure on claims appeals and other rights, refer to the Administration Information Section 20.05 in the Employee Manual, for more information.

#### **5.04**

#### **Plan Administration**

Except as otherwise specifically provided for in the Plan, the Plan Administrator shall have the exclusive authority to control and manage the operation and administration of the Plan and shall be the named fiduciary of the Plan for purposes of any applicable law. The Plan Administrator shall have all power necessary or convenient to enable it to exercise such authority. In connection therewith, the Plan Administrator may provide rules and regulations, not inconsistent with the provisions thereof, for the operation and management of the Plan, and may from time to time amend or rescind such rules or regulations. The Plan Administrator may accept service of legal process for the Plan and shall have complete discretion, power, and duty to take all action necessary or proper to carry out the duties required under all applicable law. The Plan Administrator may delegate duties involved in the administration of this Plan to such person or persons whose services are deemed necessary or convenient; provided however, that both the ultimate responsibility for the administration of this Plan and the authority and discretion to interpret this Plan shall remain with the Plan Administrator. The Plan Administrator shall be responsible for controlling and managing the operation and administration of this Plan, including, but not limited to, the power:

- to employ one or more persons or entities to render advice with respect to any responsibility the Plan Administrator has under the Plan;
- to construe and interpret the Plan;
- to make factual determinations;
- to adopt such rules, regulations, forms and procedures as from time are deemed advisable or appropriate in the proper administration of this Plan;
- to decide all questions of eligibility and to determine the amount, manner and time of payment of any benefits hereunder;
- to prescribe procedures to be followed by any person in applying for any benefits under this Plan and to designate the forms, documents, evidence or such other information as the Plan Administrator may reasonably deem necessary to support an application for any benefits under this Plan;

- to authorize, in its discretion, payments of benefits properly payable pursuant to the provisions of this Plan;
- to prepare and to distribute, in such manner as it deems appropriate, information explaining the Plan;
- to apply consistently and uniformly to all Covered Persons in similar circumstances its rules, regulations, determinations and decisions;
- to prepare and file such reports and to complete and to distribute such other documents as may be required to comply fully with the provisions of ERISA and all other applicable laws, and all regulations promulgated thereunder;
- to retain counsel (who may, but need not, be counsel to the Company), to employ agents and to provide for such clerical, medical, accounting, auditing and other services as it may require in carrying out the provisions of the Plan; and
- to pursue claims on behalf of the Plan, and to defend, settle or compromise claims against the Plan, when it is in the best interest of Plan participants to do so.

The Plan Administrator (or its delegate) shall be the sole judge of the standards of proof required in any case. In the application and interpretation of this Plan document, the decision of the Plan Administrator shall be final and binding. Any determination or construction adopted by the Plan Administrator in good faith shall be binding upon Plan participants and beneficiaries and may not be reversed by a court of competent jurisdiction unless the court finds the determination to be arbitrary and capricious.

#### **5.05**

#### **Administration Facts for STD Benefits**

The STD benefits provided by PNC are not subject to the Employee Retirement Income Security Act of 1974 (ERISA).

#### **5.06**

#### **Administration Facts for LTD Plan**

Plan Sponsor: The PNC Financial Services Group, Inc.  
 Corporate Benefits Administration  
 Two PNC Plaza, 24<sup>th</sup> Floor  
 620 Liberty Avenue  
 Pittsburgh, PA 15222

Plan Year: Calendar year

Employer ID: 25-1435979

Plan Number: 509 - Long-term disability

Plan Type: Welfare plan – not pre-funded

Administrator: The PNC Financial Services Group, Inc.

## **EMPLOYEE'S ACKNOWLEDGMENT UNDER SECTION 306 (F.1) (1) (1)**

I, (print name) \_\_\_\_\_, recognize and agree that my employer has posted a list of at least six (6) health care providers, at least three (3) of which are physicians and no more than four (4) of which are coordinated care organizations (CCO). I further agree that my employer has provided the name, address, telephone number, and area of medical specialty of each designated provider on the list. I also acknowledge that I have been presented with this written notice setting forth my rights and duties under Section 306(f.1)(1)(1) of the Pennsylvania Workers' Compensation Act. My rights and duties include the following:

- I have the duty to obtain treatment for work-related illnesses from one or more of the designated health care providers for ninety (90) days from the date of first visit to a designated provider.
- As long as treatment is obtained from a designated provider during the ninety (90) day period, all reasonable medical supplies and treatment related to the injury will be paid by my employer.
- I have the right to switch from one designated health care provider on the list to another during the ninety (90) day period and my employer must pay for this treatment.
- If I am referred by a designated provider to a non-designated provider, my employer shall provide for the treatment rendered by the referral provider.
- I have the right to seek emergency medical treatment from any provider, but I understand that subsequent non-emergency treatment must be rendered by a designated provider for the remainder of the ninety (90) day period.
- I have the right during the ninety (90) day period to seek medical treatment from a non-designated provider, but I understand my employer is not responsible to pay for these services.
- After the expiration of the ninety (90) day period, I have the right to seek treatment from any health care provider, and my employer must pay for such treatment if it is reasonable and necessary.
- If I treat with a non-designated health care provider after the expiration of the ninety (90) day period, I understand that I must provide my employer notice within five (5) days of my first treatment with the non-designated provider. If I fail to do so, my employer may not be responsible to pay for treatment rendered by the non-designated provider prior to notification.
- If the designated provider recommends invasive surgery, I am entitled to receive an additional opinion from any health care provider of my choice. If the additional opinion differs from that of the designated provider, I am entitled to select which course of treatment to follow. However, if I choose to follow the recommendation of my health care provider (the additional opinion), the procedure shall be performed by one or more of the designated health care providers for a period of ninety (90) days from the date of the visit to my health care provider (date of examination of the additional opinion).

**My employer has informed me of my rights and duties, and my signature acknowledges that I have been so informed and understand my rights and duties.**

SSN \_\_\_\_\_

Date \_\_\_\_\_

Employee's S \_\_\_\_\_

Date \_\_\_\_\_

Witness Signa \_\_\_\_\_

Lilia,  
Please sign and  
return to us  
A.S.A.P. It must  
be witnessed

**398 NORTH MAIN STREET  
DOYLESTOWN, PA 18901**

## **NOTICE TO ALL EMPLOYEES**

If you become injured at work, please notify your supervisor immediately. It is your supervisor's responsibility to report your work injury to PNC's administrator of work-related claims. If you require medical attention, and in order to ensure that your medical treatment will be paid for by PNC, you **must** see one of the below providers for initial treatment or call Constitution State Services (CSS) at 1-800-238-6210 to inquire about an alternative provider.

### **OCCUPATIONAL MEDICINE**

**Occ Health Service at Doylestown Hospital**  
595 West State Street  
Doylestown, PA 18901  
(215) 345-2170

### **PHYSICAL MEDICINE**

**Doylestown/Buxmont Rehab**  
595 West State Street  
Doylestown, PA 18901  
(215) 345-2372

### **CHIROPRACTIC**

**McCann Chiropractic Clinic**  
306 West Johnson Highway  
Norristown, PA 19401  
(610) 275-5559

### **ORTHOPEDIC SURGERY**

**Temple Ortho & Sports Medicine**  
**Joseph Thoder, MD – Hand Specialist**  
220 Commerce Drive, Suite 100  
Fort Washington, PA 19034  
(215) 641-0700  
•Alternate Locations Available

### **ORTHOPEDIC SURGERY**

**Mackell-Cody Orthopedics**  
800 West State Street, Suite 202  
Doylestown, PA 18901  
(215) 348-3936

### **NEUROLOGY**

**Penn Neurological**  
920 Lawn Avenue  
Sellersville, PA 18960  
(215) 257-4900

## **FOR TREATMENT OF EXTREME EMERGENCIES, CALL "911" OR YOUR LOCAL EMERGENCY SERVICES ACCESS NUMBER**

- Payment of your work-related medical expenses will **not** be considered unless you treat with a preferred medical provider.
- You must continue to treat with a preferred medical provider for ninety (90) calendar days from the first medical treatment. If one of the preferred medical providers refers you to another licensed specialist, your medical expenses will be paid.
- If you require treatment beyond ninety (90) days from the first medical treatment, you may choose another licensed physician or practitioner for continuing treatment. You must notify your CSS claim representative within five (5) days of your visit to the provider of your choice. Your ongoing medical expenses will be paid as long as your chosen medical provider files reports as required. Reports must be filed within ten (10) days after your first visit and at least once a month for as long as treatment continues.
- Should invasive surgery be prescribed by a provider designated herein, you may receive one additional opinion from a health care provider of your choice. If this second opinion differs from the opinion of the designated panel provider, you may choose which course of treatment to follow provided the second opinion offers a specific and detailed course of treatment. If you choose to follow the procedures designated in the second opinion, such procedures shall be performed by one of the preferred providers designated on this panel for a period of ninety (90) days from the date of the second opinion visit.

**If you have questions regarding the preferred provider panel posting,  
contact Corporate Benefits Administration by calling 1-800-PNC-PLAN.**



## MEMORANDUM

**TO:** LILIA ODHNER  
**FROM:** Robin Evans  
**DATE:** 10/13/2006

**PHONE:** 412-762-1231  
**FAX:** 412-768-5787

**RE: Short Term Disability Procedures**

This memo is to acknowledge the receipt of information from you or your supervisor concerning your claim for disability benefits beginning 09/29/2006. Short-Term Disability (STD) provides for continuation of all or part of your salary for a period of time while you are unable to work due to personal illness or injury. You are eligible for benefits under The PNC Financial Services Group Inc. (PNC) STD Policy. For additional detail, please refer to section B. 5.02 of your Employee Manual. For your convenience, the schedule for STD salary continuation benefits is enclosed.

**What do I need to do?**

It is your responsibility to insure that the enclosed disability certificate is completed by you and your treating physician. **You must return it to my attention within 10 business days from the date of this memo. You may return your certificate via fax (412-768-5787) to insure its timely return or via mail (in the enclosed envelope).**

**How will I be paid?**

Your STD benefit begins on the 6<sup>th</sup> day, or 48 hours after the continuous absence. The first 5 days of your continuous absence is called the Elimination Period and it is unpaid. **You must use available Occasional Absence days for the first 5 days of your continuous absence.** If you have exhausted your annual allotment of Occasional Absence days, you may elect to use available Other Paid Time Off to receive pay during the elimination period. You must advise your manager if you want to use Other Paid Time Off during the elimination period. **If you have any questions relative to the Paid Time Off during the elimination period, you must contact your manager.**

PNC will continue your salary, beginning day 6 of the continuous absence, providing you qualify for STD benefits. A copy of the 2006 Payroll schedule is enclosed for your reference. STD benefits are paid beginning day 6 of your continuous absence so that you have continuing income while your STD claim is being processed and validated. If your claim is approved, your salary will be continued according to the STD schedule of benefits (see the enclosed *YOUR STD BENEFIT*) as long as you continue to provide the required medical documentation by the deadline date.

**Under what circumstances would I not be paid?**

In order to qualify for benefits under PNC's STD program, you must submit medical documentation that supports your continuing disability. If you do not provide the medical documentation necessary to support your disability claim, STD salary continuation will be suspended until the required documentation to support your claim is received. If the medical documentation does not support your claim for disability, your claim will be closed and you must repay all STD benefits overpaid to you. In addition, you will be placed on an unpaid leave of absence indicating your absence is invalid for disability benefits. **As long as your absence is considered not valid for disability benefits and you do not return to work, you will be responsible for paying the full cost of the premium for any PNC benefit plans for which you are enrolled.** STD benefits will be reinstated only if you submit the required medical documentation and it is determined to be valid for disability benefits.

If your absence is work-related and you qualify for workers compensation benefits, you will be asked to sign an Acknowledgement and Authorization form that will be sent to you under separate cover. If your continuing absence is due to a work-related disability and you are eligible for STD salary continuation, you are required to reimburse PNC for any salary continuation benefits overpaid to you in excess of 100% of your base salary.

**Please note that I am your case manager and it is important that we develop a dialogue that keeps me informed of any changes in your disability status while you are eligible for STD benefits. Please maintain contact with me about any changes, including but not limited to the following.**

*\*Questions or concerns regarding this memo, the disability certificate or your salary continuation benefits.*

*\*Changes in appointments, surgery dates or treatment plans, as well as referrals to consulting physicians.*

*\*Changes in your address, phone number or designated contact person.*

*\*Any problems or delays pertaining to the completion and timely return of your disability certificate.*

*\*Restrictions associated with your release to return to work. You must provide me with a release to return to work before, or on the date of your actual return to work. For your convenience, you may fax a copy of your release to me at 412-762-5787 on the day that you actually return to work.*

*\*Pregnancy disabilities must report information concerning complications before or after childbirth, your child's birth date and the date of your postpartum check-up appointment. Please refer to the enclosed form titled **Medical Plan Reminder Notification** advising that you must enroll your child under your medical coverage within 31 days of the birth.*

Best wishes for a speedy recovery. If I can assist you during your disability, please call me at 412-762-1231 or 1-800-PNC-PLAN options #3, #4.

Enclosures (7)

Revised 01/06

## FOR YOUR INFORMATION

Elimination Period 09/29/2006 to 10/05/2006

**\*\*Please contact your manager to request Other Paid Time Off during the Elimination Period\*\***

**Based on your most recent full-time continuous service date of 11/14/2005,  
your eligibility for STD salary continuation is:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at 100% pay

10/06/2006 to 10/12/2006 at 50% pay

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ vacation day(s)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ personal day(s)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ float day(s)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ award day(s)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ occasional absence day(s)

Effective no pay 10/13/2006

Returned to work \_\_\_\_\_

**\*\*If you would like to supplement your half pay, or continue salary beyond your STD eligibility your STD eligibility, please contact your manager to request Other Paid Time Off\*\***

### PLEASE NOTE:

- If you have had a previous STD event in which you were overpaid, you can expect the overpayment to be recovered from your current STD Salary Continuation.
- If your disability is for the birth of a child, the above schedule of eligibility may change. For example, STD benefits may be paid from the date of delivery up to 6 weeks for a vaginal delivery, and up to 8 weeks for a C-Section delivery. The period of salary continuation may vary based on the validation of complications associated with your pregnancy, delivery and/or postpartum recovery.
- If you return to work after the payroll deadline for the next pay period (see enclosed payroll schedule), you will not receive your return to active status base salary until the following pay period.
- As a reminder PNC pays full-time employees on a current basis, which means that when you receive a pay on Thursday, you are actually being paid through the following day (Friday). PNC's payroll cycle always begins on the first Saturday after a pay. Also, keep in mind that the deadline for payroll input is Thursday of the week prior to the pay week. That is why your current pay advice may not reflect STD hours for that calendar day in that pay period.

## **When you become disabled more than once during the calendar year, the schedule of benefits for STD works like this:**

- If you use part of your annual allotment for STD salary continuation, return to work, and become disabled within 60 days in the same calendar year, *for the same or related condition*, you do not have to satisfy another one week elimination period. You will only be eligible for the balance of your STD salary continuation allotment for that calendar year.
- If you use part of your annual allotment for STD salary continuation, return to work, and become disabled within 60 days in the same calendar year, *for a different condition*, you must satisfy another one week elimination period. You will **only** be eligible for the balance of your STD benefit allotment for that calendar year.
- If you use part of your annual allotment for STD salary continuation, return to work, and become disabled 60 days or longer after the prior STD occurrence, you must satisfy another one week elimination period, regardless of whether or not the absence is related to the previous STD occurrence. You will **only** be eligible for the balance of your STD benefit allotment for that calendar year.
- After you have used your full allotment for STD benefits in a calendar year, you are no longer eligible for STD salary continuation in that calendar year.
- If you use your full allotment of STD benefits in a calendar year, return to work, and cross over a service anniversary date before becoming disabled again, you will be eligible for the additional salary continuation **only**.

Revised 01/06

## YOUR STD BENEFIT

Your STD salary continuation begins on the 6<sup>th</sup> consecutive working day, or 48 hours after the continuous absence begins, and may continue for up to a maximum of 12 weeks for the calendar year. The first 5 days of your continuous absence, or 40 hours, is called the Elimination Period and it is unpaid. **You must use available Occasional Absence days for the first 5 days of your continuous absence.** If you do not have Occasional Absence days available, and want to use Other Paid Time Off in order to continue your salary during the elimination period, you must contact your manager. STD benefits provide either 100% or 50% of your base salary, depending on the length of your most recent continuous full-time service with PNC, as this schedule shows:

<b>Elimination Period</b>	<b>If your full-time service when you become disabled is:</b>	<b>Receive 100% Pay</b>	<b>Receive 50% Pay</b>	<b>Total Benefit Period</b>
1 week	6 Months but less than 1 Year	0 Week	1 Week	1 Week
1 week	1 Year but less than 2 Years	1 Weeks	1 Week	2 Weeks
1 week	2 Years but less than 3 Years	2 Weeks	2 Weeks	4 Weeks
1 week	3 Years but less than 4 Years	3 Weeks	3 Weeks	6 Weeks
1 week	4 Years but less than 5 Years	4 Weeks	4 Weeks	8 Weeks
1 week	5 Years but less than 6 Years	5 Weeks	5 Weeks	10 Weeks
1 week	6 Years but less than 7 Years	6 Weeks	6 Weeks	12 Weeks
1 week	7 Years but less than 8 Years	7 Weeks	5 Weeks	12 Weeks
1 week	8 Years but less than 9 Years	8 Weeks	4 Weeks	12 Weeks
1 week	9 Years but less than 10 Years	9 Weeks	3 Weeks	12 Weeks
1 week	10 Years or more	12 Weeks	-----	12 Weeks

## MEDICAL PLAN REMINDER NOTIFICATION

If you are having a baby and you are enrolled in the PNC Medical Plan, you will need to complete the following two steps:

1. A. If you currently have family or parent child(ren) coverage, you will need to add the baby to your plan. You must call Corporate Benefits at 1-800-PNC-PLAN, Option #9 or Option #3, #2 to speak directly with a representative. You can also call 888-762-4888.  
  
B. If you currently have individual coverage, you will need to request a Change In Family Status Benefit Enrollment Form by calling Corporate Benefits at 1-800-PNC-PLAN, Option #3, #2 to change your level of coverage and to add the baby. The baby will not be added to your coverage beyond the 31st day without receipt of a written form enrolling the child(ren).

**Note: Children are automatically covered by the PNC Medical Plan for the first 31 days after birth. However, if you fail to enroll this child under the Medical Plan in the 31-day period, coverage will not begin until Corporate Benefits receives a written request to add the child(ren). For more information please refer to Section B of the Medical Plan Summary Description in your Employee Manual.**

2. If you live in an in-network area, you will need to choose a Primary Care Physician (PCP) for your newborn. You must call Corporate Benefits at 1-800-PNC-PLAN Option #3, #2 to select your Primary Care Physician. Failure to do so from the date of birth will result in all eligible claims being paid at the lower, out-of-network levels. Please have your PCP selection information at the time you contact Corporate Benefits. This includes the PCP's name, number and your network name.

*An additional note for Health Care and Dependent Care Reimbursement Account participants:*

**If you begin an unpaid leave of absence, contributions to your Reimbursement Account(s) will cease. Upon your return to active employment you must contact Corporate Benefits to reinstate this coverage/deduction. This does not affect your ability to file claims for eligible expenses during your leave.**

LILIA ODHNER  
212 W. BRISTON RD. B  
WARMINSTER PA 18974

**PLEASE READ THE BELOW INFORMATION COMPLETELY  
BEFORE REVIEWING THE ENCLOSED PACKET(S)**

- Based on information provided by you and/or your manager, the following medical certificate(s), indicated with an "X"mark, are enclosed.
- The below designated form(s) must be completed by you and your treating physician and returned to me in order for you to qualify for Family and Medical Leave (FML) and/or Short Term Disability (STD).
- In order to have your absence approved for FML (unpaid leave for up to 13 weeks during a calendar year) and/or STD salary continuation, you must submit one or both of the completed certificates by the date indicated on form(s).

**CONSEQUENCES FOR NOT PROVIDING COMPLETED CERTIFICATES:**

- It is your responsibility to submit the required forms to me by the date designated on the certificate(s).
- Failure to do so will result in denial of you FML (unpaid leave for up to 13 weeks during a calendar year) and/or,
- Suspension of your STD salary continuation.
- If you give the certificate(s) to your physician, you must follow-up with their office regarding the status of completion and timely submission.



**SHORT TERM DISABILITY CERTIFICATE**

(Required for validation of your disability and STD salary continuation)



**CERTIFICATION OF HEALTH CARE PROVIDER (FAMILY AND MEDICAL LEAVE)** (Required for validation of the unpaid leave for personal and/or family needs)



**WORKER'S COMPENSATION ACKNOWLEDGMENT CERTIFICATE**

(Required for understanding how workers' compensation wage loss payments are offset from STD salary continuation overpayments)

**TO EXPEDITE THE ELIGIBILITY PROCESS, YOU OR YOUR PHYSICIAN MAY FAX  
THE COMPLETED CERTIFICATE(S) TO MY ATTENTION AT 412-768-5787.**

If you have any questions regarding the completion/submission of these forms, please call  
1-800-PNC-PLAN, OPTIONS #3 & #4.

It is your responsibility to follow up with your physician's office to confirm medical documentation is returned to our offices by the required due date indicated on the enclosed certificate(s).

Att: Robin Evans

### ACKNOWLEDGEMENT AND AUTHORIZATION

Based upon the coordination of benefits provision in Section 5.02 of the Employee Manual, I acknowledge that any Workers' Compensation benefits received by me will act as an offset against STD salary continuation payments advanced to me. I acknowledge that I will receive an invoice from PNC Bank Human Resource Services in that event and I agree to promptly pay all such invoices. I understand that I will be subject to all legal remedies available to PNC Bank Corp. in the event that I fail to meet my obligation to repay, including a deduction from my wages to the extent permitted by applicable state law or institution of collection proceedings. *I hereby authorize PNC Bank Corp. to deduct from my wages or other accrued compensation the amounts of any STD salary continuation payments advanced to me until the total sum is paid in full in the event that I fail to pay the invoice(s) within any applicable time limits.* In the event PNC Bank Corp. must initiate collection or legal proceedings in order to enforce my obligation to repay, I agree to reimburse PNC Bank Corp. for its reasonable costs and expenses, including attorney fees. Finally, I acknowledge that my yearly compensation may be adjusted to reflect an imputed interest charge in the event that any STD salary continuation payments advanced are not repaid within the same calendar year.

AGREED:

Employee Signature

10/17/06  
Date

Print Full Name

Social Security Number



Robin  
Evans/CorpHR/PGH/PNC  
11/07/2006 03:26 PM

To Sonya Edwards/Consumer/PHL/PNC@PNC  
cc Valerie f Walton-Singer/CorpHR/PHL/PNC@PNC  
bcc  
Subject DISABILITY UPDATE

LILIA ODHNER SS# XXX-XX-1234

This memo is to acknowledge the recent receipt of medical documentation from Lilia's physician.

However, after careful review of the information, Lilia's period of absence from 09/29/06 will be considered not valid due to insufficient medical documentation. This period of absence will not be considered valid per our Short Term Disability policy. Please be advised that I have faxed additional questions to her physician's office, but I never received a response in return. I also spoke with the Dr's office, indicating this urgency of this information. To date, I do not have enough medical to support a valid disability.

Because there is a lack medical evidence to support a disability, I have determined that this employee's absence beginning **09/29/06** is not valid for benefits under PNC's Short Term Disability policy. As a result, Lilia's status on the payroll system has been coded as an unpaid leave of absence that is "Not Valid for Disability" for the time period above.

**What happens when an employee's absence is not valid for STD and/or FML benefits?**

Employee's who are absent from work and do not qualify for STD and/or FML benefits are coded on an unpaid leave of absence status that defines their absence as "Not Valid for Disability." In order to continue receiving coverage in PNC's Medical and/or Dental Plans, the employee **must pay the full premium cost for coverage under those plans.**

**Can the Not Valid status be reversed?**

Lilia has an opportunity to submit new or additional medical documentation in support of his/her disability claim. If the medical documentation provides evidence to support the claim of disability, we will reinstate the STD benefits and reverse the Not Valid status.

As a reminder, you must submit eform **PCARF003** effective the date Lilia actually returns to work so that we can end the "Not Valid" leave and return her to active status.

If you have any questions regarding this STD claim, please contact me. Otherwise you may want to contact the Employee Relations Information Center by dialing 1-866-661-3742 in order to address any absence/staffing concerns. Thank you, Robin

Thank you, Robin

cc: L. Odhner



November 10, 2006

Odhner, Lilia  
212B W. Bristol Road  
Warminster PA 18974

Dear PNC Employee:

Our records indicate that you are on unpaid leave effective September 29, 2006. While you are on unpaid leave, your enrollment in benefits will continue at the same level as when you were actively at work; however, please note the following:

- **Payment of premiums.** You will be invoiced on a monthly basis for premiums due. PNC invoices in arrears, so each invoice is for the prior month's coverage.
- **Cost of benefits.** While you are on unpaid leave, you will be charged the full cost of your medical and dental benefits. The full cost of your medical benefits is \$294.28 per pay period, and the full cost of your dental benefits is \$14.50 per pay period.
- **Unpaid balance.** If you have a balance due upon your return to work, the balance will be deducted from your pay.
- **Termination of coverage.** You have the option of terminating your benefits while on unpaid leave. You will need to make your request in writing to Corporate Benefits Administration by November 24, 2006. If you choose to terminate your coverage while on leave, it will be your responsibility to reenroll in coverage within 31 days of your return to work. *Please note:* If your payments become delinquent while you are on leave, your coverage will be terminated for non-payment. You will be notified in writing of the delinquency and will be provided time to bring your account to a current status. If your coverage is terminated for non-payment, the premiums due as of the termination date will be deducted from your pay upon your return to work but you will not be automatically reenrolled in coverage.

If you have any questions, please call 1-800-PNC PLAN for assistance.

Sincerely,

A handwritten signature in black ink that reads "Rici L. Oswalt".

Rici L. Oswalt, Benefits Analyst  
Corporate Human Resources Officer  
Corporate Benefits Administration

**Benefits Invoice**

Name

ODHNER, LILIA

**RETURN WITH YOUR CHECK**

SS No.

Bill Type



Location

PHILADELPHIA

Amount Owed	Past Due Date	Check Number	Amount Paid
0100 1,285.40	12-15-2006		
0340 3.00	12-15-2006		
0200 60.30	12-15-2006		
<b>TOTAL 1,328.70</b>			

PNC BENEFIT CHARGES AS OF 11-01-2006			*DUE DATE	12-15-2006
Benefit Type	Transaction Date	Description	Amount	
			Previous Balance	1,437.80
0100 MEDICAL	11-09-2006	151 PAYMENT - MEDICAL	103.00-	
0200 DENTAL	11-09-2006	151 PAYMENT - DENTAL	6.10-	
			Total Amount Owed —————	<b>1,328.70</b>

\*Please make checks payable to "PNC". Payment of total amount is due by date above. If payment is not received, benefit coverage will be cancelled.

**Benefits Invoice**

Name

ODHNER, LILIA

**RETAIN FOR YOUR RECORDS**

SS No.

Bill Type

Location

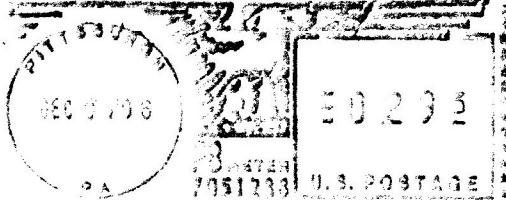
PHILADELPHIA

Amount Owed	Past Due Date	Check Number	Amount Paid
0100 1,285.40	12-15-2006		
0340 3.00	12-15-2006		
0200 60.30	12-15-2006		
<b>TOTAL 1,328.70</b>			

PNC BENEFIT CHARGES AS OF 11-01-2006			*DUE DATE	12-15-2006
Benefit Type	Transaction Date	Description	Amount	
			Previous Balance	1,437.80
0100 MEDICAL	11-09-2006	151 PAYMENT - MEDICAL	103.00-	
0200 DENTAL	11-09-2006	151 PAYMENT - DENTAL	6.10-	
			Total Amount Owed —————	<b>1,328.70</b>

The PNC Financial Services Group, Inc.  
Two PNC Plaza - 24th floor  
620 Liberty Avenue  
Pittsburgh, PA 15222

POSTAGE PAID  
FIRST CLASS



**Benefits Invoice**

RETURN WITH YOUR CHECK

**PNC**

Location

PHILADELPHIA

Name  
ODHNER, LILIA

SS No.

Bill Type

LEAVE OF ABSENCE

Amount Owed	Past Due Date	Check Number	Amount Paid
0100 1,265.40	12-15-2006		
0340 3.00	12-15-2006		
0200 60.30	12-15-2006		
<b>TOTAL 1,328.70</b>			

PNC BENEFIT CHARGES AS OF 11-01-2006

\*DUE DATE 12-15-2006

Benefit Type	Transaction Date	Description	Amount
		Previous Balance	110.10
0340 PERS. ACC.	11-22-2006	115 PERIOD BILLING	1.00
0200 DENTAL	10-26-2006	115 PERIOD BILLING	6.10
0340 PERS. ACC.	10-26-2006	115 PERIOD BILLING	1.00
0340 PERS. ACC.	11-09-2006	115 PERIOD BILLING	1.00
0100 MEDICAL	11-22-2006	115 PERIOD BILLING	294.28
0200 DENTAL	11-22-2006	115 PERIOD BILLING	14.50
0200 DENTAL	11-09-2006	115 PERIOD BILLING	14.50
0100 MEDICAL	11-09-2006	115 PERIOD BILLING	294.28
0100 MEDICAL	10-26-2006	115 PERIOD BILLING	103.00
0100 MEDICAL	11-08-2006	136 EMPLOYEE CATEGORY CHANGE	573.84
0200 DENTAL	11-08-2006	136 EMPLOYEE CATEGORY CHANGE	25.20
0340 PERS. ACC.	11-09-2006	151 PAYMENT - PERSONAL ACCIDE	1.00-
		Total Amount Owed →	1,437.80

\*Please make checks payable to "PNC". Payment of total amount is due by date above. If payment is not received, benefit coverage will be cancelled.

**Benefits Invoice**

RETAIN FOR YOUR RECORDS

Name

SS No.

Bill Type

Location

ODHNER, LILIA

LEAVE OF ABSENCE

PHILADELPHIA

Amount Owed	Past Due Date	Check Number	Amount Paid
0100 1,265.40	12-15-2006		
0340 3.00	12-15-2006		
0200 60.30	12-15-2006		
<b>TOTAL 1,328.70</b>			

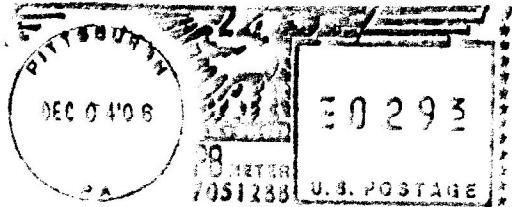
PNC BENEFIT CHARGES AS OF 11-01-2006

\*DUE DATE 12-15-2006

Benefit Type	Transaction Date	Description	Amount
		Previous Balance	110.10
0340 PERS. ACC.	11-22-2006	115 PERIOD BILLING	1.00
0200 DENTAL	10-26-2006	115 PERIOD BILLING	6.10
0340 PERS. ACC.	10-26-2006	115 PERIOD BILLING	1.00
0340 PERS. ACC.	11-09-2006	115 PERIOD BILLING	1.00
0100 MEDICAL	11-22-2006	115 PERIOD BILLING	294.28
0200 DENTAL	11-22-2006	115 PERIOD BILLING	14.50
0200 DENTAL	11-09-2006	115 PERIOD BILLING	14.50
0100 MEDICAL	11-09-2006	115 PERIOD BILLING	294.28
0100 MEDICAL	10-26-2006	115 PERIOD BILLING	103.00
0100 MEDICAL	11-08-2006	136 EMPLOYEE CATEGORY CHANGE	573.84
0200 DENTAL	11-08-2006	136 EMPLOYEE CATEGORY CHANGE	25.20
0340 PERS. ACC.	11-09-2006	151 PAYMENT - PERSONAL ACCIDE	1.00-
		Total Amount Owed →	1,437.80

The PNC Financial Services Group, Inc.  
Two PNC Plaza - 24th floor  
620 Liberty Avenue  
Pittsburgh, PA 15222

PREPAID  
CLASS  
FIRST CLASS



**Benefits Invoice****RETAIN FOR YOUR RECORDS  
SS No.****Bill Type****Location****LEAVE OF ABSENCE****PHILADELPHIA****Name**  
**ODHNER,LILIA**

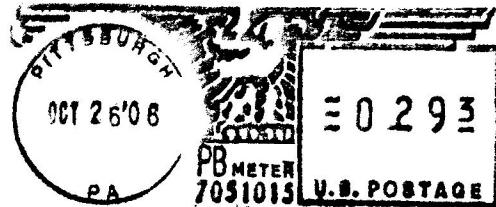
<b>Amount Owed</b>	<b>Past Due Date</b>	<b>Check Number</b>	<b>Amount Paid</b>
0100L 103.00	11-15-2006		
0340L 1.00	11-15-2006		
0200L 6.10	11-15-2006		
<b>TOTAL</b> 110.10			

**PNC BENEFIT CHARGES AS OF 10-01-2006****\*DUE DATE 11-15-2006**

<b>Benefit Type</b>	<b>Transaction Date</b>	<b>Description</b>	<b>Amount</b>
		<b>Previous Balance</b>	.00
0200 DENTAL	09-28-2006	115 PERIOD BILLING	6.10
0200 DENTAL	10-12-2006	115 PERIOD BILLING	6.10
0340 PERS. ACC.	09-28-2006	115 PERIOD BILLING	1.00
0340 PERS. ACC.	10-12-2006	115 PERIOD BILLING	1.00
0100 MEDICAL	09-28-2006	115 PERIOD BILLING	103.00
0100 MEDICAL	10-12-2006	115 PERIOD BILLING	103.00
0100 MEDICAL	10-02-2006	152 BATCH REMITTANCE-MEDICAL	103.00-
0340 PERS. ACC.	10-02-2006	152 BATCH REMIT-PERSONAL ACCI	1.00-
0200 DENTAL	10-02-2006	152 BATCH REMITTANCE - DENTAL	6.10-

**Total Amount Owed → 110.10**

The PNC Financial Services Group, Inc.  
 Two PNC Plaza - 24th floor  
 620 Liberty Avenue  
 Pittsburgh, PA 15222

**PRESORTED**  
**FIRST CLASS**


\*\*\* 10-27-06 PGK PR 152 \*\*\*

 ODHNER,LILIA  
 212B W. BRISTOL ROAD  
 WARMINSTER PA 18974

TARXPM5 18974

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Lilia Odhner  
212 B W Bristol Rd  
Warminster PA 18974

Dr. Susan J Meller  
Zweiback medical Associates  
500 Old York Rd Ste 201  
Jenkintown PA 19046

November 28, 2006

Dear Dr. Meller,

Please fill out and sign the enclosed PNC bank Short term Disability Form. Please fax the complete form to Robin Evans, PNC Bank Benefits Specialist, FAX: 412 768 5787 and to my attorney, Patrick M. Donovan, FAX: 215 763 9520.

Please, be advised that I was admitted to Abington Hospital on November 4, 2006 with an acute reaction to medications you recommended. Late afternoon of November 5, 2006 I lost conscious and took a fall that resulted in my back and head injuries. You gave me your resignation orally on November 8, 2006 while I still was in an Intensive Care Unite. Despite of your vehement opposition, I was admitted to Dresher Hill Health and Rehabilitation Center where I received necessary medical care and learned how to walk again. I was discharged from Dresher Hill on November 17, 2006 with a walker and a recommendation for physical therapy sessions.

Cordially,

Lilia Odhner

cc.: Robin Evans  
cc.: Patrick Donovan

**By Regular and Certified mail**

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr Susan Moller  
500 Old York Rd  
Ste 201  
Jenkintown PA  
19046

2. Article Number

(Transfer from service label)

7006 2150 0004 1725 0976

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Co Cullen

 Agent  
 Addressee

B. Received by (Printed Name)

NOV 29

C. Date of Delivery

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

3. Service Type

Certified Mail

Registered

Insured Mail

 Express Mail Return Receipt for Merchandise C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PNC BANK  
Corporate Rev  
PO Box 641906  
Pittsburgh PA

2. Article Number

(Transfer from service label)

7006 2150 0004 1722 ALAC

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 PNC BANK Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

 Yes  
 No

If YES, enter delivery address below:

Pittsburgh, PA

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 YesPLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

05-02-M-1540

Lilia Odhner  
212 #B W Bristol RD  
Warminster PA  
18974  
215.820.9465

PNC Bank Benefits Department  
Robert Evans  
Disability Case Manager  
Ticket Number #07509253  
FAX: 412.768.5787

Dear Ms. Evan,

Please find this fax a repeat submission of my disability certificate. Previously this certificate was faxed on Nov 7, 2006. Enclosed also find a letter of Valerie Walton-Singer, and discharged from Dresher Hill Rehabilitation Facility.

Cordially,

Lilia Odhner

Sending Confirm

Date : OCT-17-2006 TUE 06:14PM  
Name : STAPLES544  
Tel. : 12153437641

Fax to  
Robin Evans

Phone	:	14127685787
Pages	:	1/1
Start Time	:	10-17 06:14PM
Elapsed Time	:	00'30"
Mode	:	G3
Result	:	Ok

com  
acknowledgement  
certified

S e n d i n g C o n f i r m

65

Date : DEC-18-2006 MON 01:03PM

Name : STAPLES

Tel. : 2155555555

Phone	:	14127685787
Pages	:	1/1
Start Time	:	12-18 01:02PM
Elapsed Time	:	00'32"
Mode	:	ECM
Result	:	Ok

S e n d i n g C o n f i r m

Date : DEC-18-2006 MON 01:06PM

Name : STAPLES

Tel. : 2155555555

Phone	:	14127685787
Pages	:	4/4
Start Time	:	12-18 01:05PM
Elapsed Time	:	01'02"
Mode	:	ECM
Result	:	Ok

EH



December 8, 2006

Ms. Lilia Odhner  
212-B W. Bristol Road  
Warminster, Pennsylvania 18974

Dear Ms. Odhner:

This letter serves as follow-up to our telephone conversation on November 30, 2006. As you are aware, you have been absent from work since September 29, 2006. Although I have contacted you repeatedly to request that you provide PNC with documentation from your health care provider(s) to substantiate your need to be absent from work during this period, to date you have not provided this documentation.

Also, during our conversation yesterday you explained that you were experiencing difficulties because your doctor had recently resigned from her position, requiring you to find another health care provider. You further explained that you would send me a copy of the letter from your former doctor regarding the resignation. As of today, I have not received this letter.

Please mail or fax this documentation to me immediately. For your convenience, I have enclosed my business card with my mailing address and fax number, along with a pre-addressed and stamped envelope for mailing the documents to me. If I do not receive this documentation on or before close of business on Monday, December 18, 2006, PNC will have no choice but to presume that you have abandoned your job and your employment will be terminated.

If you have questions, please do not hesitate to call me Monday through Friday between the hours of 9:00 a.m. until 4:30 p.m. at (215) 749-3129.

Sincerely,

A handwritten signature in black ink, appearing to read "Valerie Walton-Singer". It is written in a cursive style with some loops and flourishes.

Valerie Walton-Singer  
Employee Relations Department  
Human Resources Division

## Instructions

1. Each Click-N-Ship® label is unique. Labels are to be used as printed and used only once. DO NOT PHOTO COPY OR ALTER LABEL.
2. Place your label so it does not wrap around the edge of the package.
3. Adhere your label to the package. A self-adhesive label is recommended. If tape or glue is used, DO NOT TAPE OVER BARCODE. Be sure all edges are secure.
4. Affix Priority Mail postage to your label or take to a Post Office™.
5. Stamped packages weighing 16 ounces or more may not be placed in USPS collection boxes.
6. Mail your package on the "Ship Date" you selected when creating this label.

Cut on dotted line.

## Online Label Record (Label 1 of 1)

Delivery Confirmation™ Number:

**0103 8555 7498 5432 3949**

Not Paid Online

Print Date:	12/13/2006	Priority Mail® Postage:	1.5
Ship Date:	12/13/2006	Total:	1.5
Weight:	1 lb 0 oz		

From: LIA ODHNER  
212B W BRISTOL RD  
WARMINSTER PA 18974-1705

To: VALERIE WALTON-SINGER  
HR SPECIALIST PNC BANK  
8800 TINICUM BLVD  
PHILADELPHIA PA 19153-3111

\* Regular Priority Mail rates apply. There is no fee for Delivery Confirmation service on Priority Mail service with use of this electronic rate. Regular delivery information is not available by phone for the electronic rate. Refundable postage paid labels can be requested online 10 days from the purchase date.



Thank you for shipping with the United States Postal Service.  
Check the status of your shipment on the Track & Confirm page at [www.usps.com](http://www.usps.com)

**Genesis 18.017 - Contact Folder**

File Edit View Screens Go Query Reports Application Help

PNC

History List Threads Identified: EDWARDS Contact:

My Briefings Activities Calendar Prompts Applications Opportunities Opportunities Search List Management Contacts Businesses Products

**Contact**

Last Name	EDWARDS	First Name	SONYA	MI
Prefix	▼	Suffix	▼	
Work #	[REDACTED]	Occupation	OFFICE WORKER	...
Home #	[REDACTED]	Employer	PNC BANK	...
Address	[REDACTED]			...
City	PHILADELPHIA	State	PA	▼
Zip	191201020	Story Date	6/13/2003 10:10:28 AM	
SSN	[REDACTED]	Type	CONTACT	▼
DOB	[REDACTED]	Investments		▼
Email	sonya.edwards@...	Type		▼
	Privacy/DNC	Privacy/DNC	CHECK PREFERENCES	
	Portfolio			

**Alerts**

Type	Description
2-PRIVACY	PRIVACY
3-UNSATISFACTORY	162563410 PRT REC-R/O FR 8613213515 \$
3-UNSATISFACTORY	162563410-DRU TAKING \$100.00 MONTHLY
3-UNSATISFACTORY	162563410-FULLREC \$57.14-FR 861321351

**Sales**

Type	Name	Sales Cycle

**Financial Accounts**

Account #	Product	Available Balance	Deposit Balance	Loan Balance	Status	Package Plan
[REDACTED]	REGULAR CHECKING				CLOSED	
[REDACTED]	REGULAR CHECKING	1253.14	1253.14		ACTIVE	
[REDACTED]	FREE CHECKING				CLOSED	
Totals		1,286.21	0			

**Service Requests**

Status	Service Request #	Reason Group Description
CLOSED	200277002134	EALERT-CUST NOTIFICATION
CLOSED	200276020331	EALERT-CUST NOTIFICATION
CLOSED	200262018119	ACCOUNT CLOSE
CLOSED	200243002646	EALERT-CUST NOTIFICATION

**Other Services**

Account #	Product	Status
816662344	E-SERVICES	ACTIVE
162563410	E-SERVICES	ACTIVE
4430480018222293	PNC CHECK CARD	CLOSED
4430480026738456	PNC CHECK CARD	CLOSED

Item: 1 of 1 NUM 10:20 AM

Start RCB Distribution Hub An... PNC Corporate Intranet ... Welcome - Lotus Notes Genesis 18.017 - Cont... GENESIS - EXTRAI@ Ent...