

INFORMATION AND ACTION GUIDE

2012 Benefits Enrollment



This package contains everything you need to make your enrollment decisions, including:



This guide;



Your personalized enrollment worksheet; and



Benefits At-a-Glance and Resource Contact Information.

For Inactive Participants in the Management Retiree Plan Design, including COBRA participants and survivors in the Family Security Program (FSP)

The annual open enrollment information contained in this guide constitutes a Summary of Material Modifications (SMM).



THE ANNUAL OPEN ENROLLMENT PERIOD

The annual open enrollment period begins Monday, October 24, 2011 at 9:00 a.m., Eastern Time (ET), and ends Friday, November 4, 2011 at 5:00 p.m., ET.

During this time, you can enroll in and/or change your 2012 Alcatel-Lucent health and welfare benefits coverage elections.



REMEMBER:

Enrollment Accepted Only During the Annual Open Enrollment Period

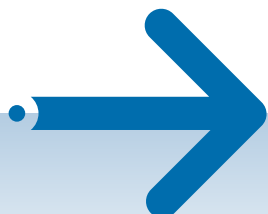
You will not be able to enroll or make changes to your coverage elections before the annual open enrollment period begins on October 24, 2011.

While you can change and confirm your elections as often as you want during the annual open enrollment period, your enrollment deadline – Friday, November 4, 2011 at 5:00 p.m., ET – will not be extended.

IMPORTANT:

UnitedHealthcare Will Be the Sole Point of Service (POS) Medical Carrier in 2012

If you and/or your dependent(s) are currently enrolled in an Aetna POS option, you and/or your dependents will default to a UnitedHealthcare POS medical option for 2012. See page 2 for more information.



WHAT'S INSIDE

What You Need to Do1
What's Changing for 20122
Do You Need to Take Action?5

How to Take Action.....6
Important Reminders.....7
Resources for Now, and Later....12

WHAT YOU NEED TO DO

Take these two steps to ensure you have the health and welfare benefits coverage you need for 2012.

1 LEARN ABOUT YOUR COVERAGE

- Read **What's Changing for 2012** (pages 2 – 4).
- Review your 2012 “default coverage,” premium costs and covered dependents on your personalized enrollment worksheet.

(This information is also available on the Your Benefits Resources™ [YBR] Web site at <http://resources.hewitt.com/alcatel-lucent>.)

2 TAKE ACTION, IF NEEDED

(You may already be enrolled in the right coverages for 2012.)

- Read **Do You Need to Take Action?** (page 5). Then, determine whether:
 - **You are keeping your default coverage and covering the same dependents listed on the YBR Web site and your personalized enrollment worksheet.** If you are not making any changes, you do not need to take any additional steps during the annual open enrollment period. You will receive your default coverage for 2012 and your personalized enrollment worksheet serves as your confirmation of enrollment statement. You will not need to go online or call the Alcatel-Lucent Benefits Center to request a new confirmation of enrollment statement.

OR

- **You are going to enroll or make changes to your coverage.** If you are going to enroll or make changes, you should:
 - Read **How to Take Action** (page 6).
 - Go to the YBR Web site at <http://resources.hewitt.com/alcatel-lucent> to enroll or make changes to your coverage during the annual open enrollment period.

DON'T FORGET

Check out **Important Reminders** (pages 7 – 8) and **Resources for Now, and Later** (page 12).



IT'S QUICK AND IT'S EASY

The enrollment process on the YBR Web site usually takes 15 minutes or less! (If you do not have Internet access, you can call the Alcatel-Lucent Benefits Center at 1-888-232-4111. Representatives are available Monday through Friday from 9:00 a.m. to 5:00 p.m., ET.)

WHAT'S CHANGING FOR 2012

(This section is a Summary of Material Modifications [SMM] to the Summary Plan Description [SPD].)

The following changes to current Alcatel-Lucent benefits coverage under the Medical Expense Plan for Retired Employees (the "Plan") will take effect on January 1, 2012.

What's Changing	What This Means for You
New carrier for those currently enrolled in the Aetna Enhanced and Standard POS options. A UnitedHealthcare POS option will be the default 2012 medical coverage for those who currently have Aetna POS coverage. The consolidation to a single nationwide carrier – UnitedHealthcare – will reduce costs and streamline administration so that Alcatel-Lucent can continue to offer competitive benefits.	If you and/or your dependent(s) are currently enrolled in the Aetna Enhanced or Standard POS option, you and/or your dependent(s) will default to the UnitedHealthcare Enhanced or Standard POS medical option for 2012, both of which offer the same plan design as the current Aetna Enhanced and Standard POS options. UnitedHealthcare is an industry-leading medical carrier with a robust network of healthcare providers. Most of the providers in the Aetna network are also in the UnitedHealthcare network. You should take these steps to ensure you have the best coverage for your needs in 2012: • Review your default coverage on your personalized enrollment worksheet or on the YBR Web site. This is the coverage you will have in 2012 if you do not take any action during the annual open enrollment period. • Confirm that your doctor is in the UnitedHealthcare network. You may need to search for a new doctor if you want to continue to receive in-network benefits. Use the provider search tool on the YBR Web site or go to www.myuhc.com to find a doctor in the UnitedHealthcare network. Choose "UnitedHealthcare Choice Plus.*" You may also see a doctor outside of the UnitedHealthcare network and receive out-of-network benefits. • Understand how transition of care will work. Review the Important Reminders section (page 7) for details about when and how transition of care benefits apply. * Do you live in Maine, Massachusetts or New Hampshire? If you will be in a UnitedHealthcare POS option in 2012, and you live in Maine, Massachusetts or New Hampshire, your POS network will be the "Harvard Pilgrim Choice Plus" network. It will not be the "UnitedHealthcare Choice Plus" network.



FIND YOUR PLAN DETAILS ONLINE

Visit the YBR Web site at <http://resources.hewitt.com/alcatel-lucent> to preview your coverage options and costs from October 10, 2011 through October 21, 2011. Then, you can view your coverage options and costs and enroll or make changes from October 24, 2011 through November 4, 2011.

What's Changing	What This Means for You		
There will be changes to the Medco Prescription Plan for Medicare-eligible participants. • The annual deductible is increasing. • Retail supply amounts are changing. • The prescription drug cost limit is increasing. • Cost sharing is changing in the “donut hole.” • Cost sharing is changing outside of the “donut hole.”	Due to adjustments made by the Centers for Medicare and Medicaid Services (CMS), there will be some changes to your drug coverage to take note of. The chart below highlights the differences for 2012.		
		2011	2012
	Deductible amount	\$310	\$320
	Retail supply	Up to a 34-day supply	Up to a 31-day supply
	“Donut hole”	After you pay \$2,840 (including copayments and deductible, plus the Plan’s cost for the drugs), you pay 93% of the cost of generic drugs and about 50% of the cost of most brand-name drugs, up to \$4,550.	After you pay \$2,930 (including copayments and deductible, plus the Plan’s cost for the drugs), you pay 86% of the cost of generic drugs and about 50% of the cost of most brand-name drugs, up to \$4,700.
Amount you pay in coinsurance or copayments after you reach \$4,700 in out-of-pocket costs	You pay the greater of 5% of the cost or a copayment of \$2.50 for generics/\$6.30 for brand-name drugs, per prescription, for the remainder of the year.	You pay the greater of 5% of the cost or a copayment of \$2.60 for generics/\$6.50 for brand-name drugs, per prescription, for the remainder of the year.	
	(While you are in this “donut hole,” either the Plan pays the rest of the cost for these covered drugs, or they are paid for by drug manufacturers’ discounts.) For more details on how the Plan works, see page 10 of the Benefits At-a-Glance and Resource Contact Information booklet.		
There are new prescription drug coverage management programs through Medco for participants who are not eligible for Medicare.	Alcatel-Lucent is committed to keeping the cost of your prescription drugs down while providing you with the coverage you need. With this goal in mind, Medco uses a set of coverage management programs to determine how the Prescription Drug Program will cover certain prescription drugs.		

What's Changing	What This Means for You	
The Group Health of Puget Sound Health Maintenance Organization (HMO) is being eliminated for participants not eligible for Medicare for 2012.	If you are not eligible for Medicare and enrolled in the Group Health of Puget Sound HMO, check your personalized enrollment worksheet or the YBR Web site to see your default coverage for 2012.	
Premium costs, including those for HMOs/Medicare HMOs, may be different.	Review your personalized enrollment worksheet or the YBR Web site for your 2012 premium costs.	
The PacifiCare HMOs/Medicare HMOs will have new names.	The names of the PacifiCare HMOs and Medicare HMOs will change as follows:	
	2011 name	2012 name How it will appear on your personalized enrollment worksheet
	PacifiCare of Arizona	UnitedHealthcare of Arizona UHC of Arizona
	PacifiCare of California	UnitedHealthcare of California UHC of California
	PacifiCare of Colorado	UnitedHealthcare of Colorado UHC of Colorado
	PacifiCare of Oklahoma	UnitedHealthcare of Oklahoma UHC of Oklahoma



OTHER CHANGES MAY APPLY TO HMO/MEDICARE HMO COVERAGE

Unless noted, the changes in this guide do not apply to HMO/Medicare HMO options. You will need to check the YBR Web site or with the carriers directly for their 2012 plan changes. Carrier contact information is located on the back of your HMO/Medicare HMO ID card and in the **Benefits At-a-Glance and Resource Contact Information** booklet.

DO YOU NEED TO TAKE ACTION?

“Default coverage” is the Alcatel-Lucent health and welfare benefits coverage you and your covered dependent(s) will be automatically enrolled in for 2012 if you do not take any action during the annual open enrollment period. In most cases, it is the same coverage you had in 2011. In cases where your 2011 coverage option is no longer available, your

default coverage may be different than your current coverage and may not meet your and your family’s health and financial needs.

ENROLLMENT CHECKLIST

You may already be enrolled in the right coverages for you and your family and may not need to take action during the annual open enrollment period.

However, you will need to take action to:

- ✓ **Choose coverage other than your default coverage; and/or**
- ✓ **Add* or remove dependent(s) from coverage.**

If either of these applies to you and you do not take action during the annual open enrollment period, you will receive your 2012 default coverage.

*Make sure your dependents are eligible under Alcatel-Lucent’s eligibility rules before you add them to your coverage. You can view eligibility rules on the YBR Web site at <http://resources.hewitt.com/alcatel-lucent>, or the BenefitAnswers Plus Web site at www.benefitanswersplus.com. You may be asked to verify the eligibility of the dependent(s) you enroll for healthcare coverage.

Where to Find Your Default Coverage

Review your 2012 default coverage, premium costs and covered dependents on your personalized enrollment worksheet. This information is also available to preview on the YBR Web site at <http://resources.hewitt.com/alcatel-lucent> from October 10, 2011 through October 21, 2011 and then again when the annual open enrollment period begins on Monday, October 24, 2011 at 9:00 a.m., ET.

Thinking of Opting Out of Medical Coverage?

If you drop or opt out of medical (which includes prescription drug) coverage, you may be required to complete additional forms, depending on the city and/or state in which you live.

A NOTE FOR SURVIVORS IN THE FAMILY SECURITY PROGRAM (FSP)

Survivors in the FSP are not eligible to add new dependents to medical coverage at any time. Also, if you drop or lose Alcatel-Lucent medical coverage for any reason, you can never re-enroll.

HOW TO TAKE ACTION

If you need to take action during the annual open enrollment period, do it easily through the YBR Web site at <http://resources.hewitt.com/alcatel-lucent>.

You can access the YBR Web site from any computer with Internet access – even at the local library (just do not forget to log off when you are finished to keep your personal information protected). The YBR Web site is available 24 hours a day, except on Sundays between midnight and 1:00 p.m., ET.

Remember: Be sure to take action before Friday, November 4, 2011 at 5:00 p.m., ET. Late enrollments, or enrollments before the annual open enrollment period begins, will not be accepted.

You Will Need Your Password

You will need your password to access the YBR Web site and the Alcatel-Lucent Benefits Center. If you recently requested a new password and do not receive it by the start of the annual open enrollment period, call the Alcatel-Lucent Benefits Center at 1-888-232-4111 to discuss your options.

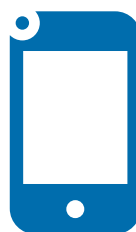
Need Help Using the YBR Web Site?

For help enrolling online or just a YBR Web site refresher, visit the BenefitAnswers Plus Web site at www.benefitanswersplus.com to watch a short video. Just select “Management/Non-Represented Plan Design Retirees” on the landing page (no User ID or password is required) and then “Learn About Your Benefits Resources.”



On Hold With the Alcatel-Lucent Benefits Center?

Save yourself some time – the top questions (and answers) that the Alcatel-Lucent Benefits Center receives during the annual open enrollment period are posted on the BenefitAnswers Plus Web site at www.benefitanswersplus.com.



Also, Benefits Center representatives will not be able to answer questions about your 2012 benefits until October 24, 2011. *Please do not call the Alcatel-Lucent Benefits Center with questions about your plan options and pricing until that date.*



ENROLLMENT HINTS

- **SET ASIDE ENOUGH TIME** to complete the enrollment process without interruption (after 15 minutes of inactivity on the YBR Web site, you will be automatically logged off).
- **CLICK “CONFIRM”** when you are done making your elections or if you must log off the YBR Web site before completing your elections – otherwise, your elections made up to that point will not be saved.
- **BE SURE YOU ARE CONNECTED TO A PRINTER** – you will need to print the “Completed Successfully!” page when you are finished (it serves as your confirmation of enrollment statement).
- **LOG OFF THE YBR WEB SITE** when you are finished to prevent others from viewing your information – when “You Have Logged Off” appears on the screen, you will know your information is protected.

DON'T HAVE INTERNET ACCESS?

If you do not have access to the Internet, you may call the Alcatel-Lucent Benefits Center at 1-888-232-4111 (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada) to enroll or make changes to your coverage during the annual open enrollment period. Representatives are available Monday through Friday from 9:00 a.m. to 5:00 p.m., ET.

IMPORTANT REMINDERS

Take note of the following for the annual open enrollment period – and all year.

- **Will you need transition of care benefits?** If you are currently an Aetna participant in the middle of a course of treatment on December 31, 2011 and find that your current provider will not be participating in the UnitedHealthcare Choice Plus network (or the Harvard Pilgrim Choice Plus network if you live in Maine, Massachusetts or New Hampshire) on January 1, 2012, you may be eligible to continue your care with your current provider under a “Transition of Care” or “Continuity of Care” program.

These programs allow a member to continue treatment with a non-network healthcare provider. You will still receive in-network POS benefits during a transition period until you complete your current course of treatment. You may then either transfer to a network provider or continue to use your current provider on an out-of-network basis. If you think you may need transition benefits, contact UnitedHealthcare at 1-800-577-8539.

- **Looking for an in-network UnitedHealthcare Enhanced or Standard POS provider?** Use the information below when you are looking for an in-network Enhanced or Standard POS provider on the UnitedHealthcare Web site (remember: you can also find in-network providers using the YBR Web site):
 - On www.myuhc.com, choose “UnitedHealthcare Choice Plus.” If you live in Maine, Massachusetts or New Hampshire, choose “Harvard Pilgrim Choice Plus.”



- **Keep in mind: Changes to your doctor or healthcare provider, or changes to your carrier's network, are not considered qualified status changes.** Medical carriers' contracts with the network providers may expire at any time during the year. You will not be able to make changes to your coverage and/or add/drop dependents outside of the annual open enrollment period due to these types of changes. Visit the BenefitAnswers Plus Web site at www.benefitanswersplus.com and go to the "Changing Coverage" section for more information about qualified status changes.

- **Do you cover a dependent child who does not rely on you for more than half of his or her support?**

If this situation applies to you, notify the Alcatel-Lucent Benefits Center at 1-888-232-4111 so the appropriate tax will be applied. The amount that Alcatel-Lucent pays to cover a dependent child who does not rely on you for more than half of his or her support is known as "imputed income," and is reported as taxable to you. This income is subject to both tax and FICA withholding, and the amount depends on the medical option you elect and whom you elect to cover. You may also want to consult a personal tax advisor about tax implications.



- **Are you dropping a dependent from coverage? (What you should know about COBRA.)** COBRA is not offered to dependents removed from coverage during the annual open enrollment period. If your dependent is experiencing a qualified status change and you remove him or her from your coverage during the annual open enrollment period, your dependent will not be eligible for COBRA continuation coverage. To be eligible for COBRA, dependents experiencing a qualified status change must be removed through the "Life Events" section on the YBR Web site (or by calling the Alcatel-Lucent Benefits Center) within 31 days of the qualified status change.

POS Participants: Medical ID Cards for 2012

If you are currently a UnitedHealthcare member, you will not receive a new ID card. If you are a new UnitedHealthcare member in 2012, you will receive an ID card from UnitedHealthcare in late December.

WHAT YOU NEED TO KNOW ABOUT MEDICARE

Your Alcatel-Lucent medical and prescription drug coverage may be impacted by Medicare. Take note of these details if you and/or your dependent(s) are Medicare-eligible.

Alcatel-Lucent coverage options when you are Medicare-eligible but your dependent is not (and vice versa)

In most cases, covered dependent(s) must be enrolled in the same Alcatel-Lucent medical option and with the same healthcare carrier that you choose for yourself. However, there are exceptions:

You are Medicare-eligible and you have one or more dependent(s) not eligible for Medicare

If you (and any Medicare-eligible dependent[s]) will have the following coverage:	Then any dependent(s) not eligible for Medicare will have the following coverage:
UnitedHealthcare Group Medicare Advantage (PPO), with the Medco Medicare Prescription Plan	Enhanced Point of Service (POS) medical and prescription drug coverage, if there is a UnitedHealthcare Enhanced POS in your area – otherwise, Traditional Indemnity medical and prescription drug coverage
Medicare Health Maintenance Organization (HMO), with Medicare HMO prescription drug coverage	HMO, with HMO prescription drug coverage

You are not eligible for Medicare, but you have one or more Medicare-eligible dependent(s)

If you (and any dependent[s]) are not eligible for Medicare and will have the following coverage:	Then any Medicare-eligible dependent(s) will have the following coverage:
Enhanced or Standard POS medical and prescription drug coverage	Traditional Indemnity, with Medicare primary, and the Medco Medicare Prescription Plan
Traditional Indemnity medical and prescription drug coverage	Traditional Indemnity, with Medicare primary, and the Medco Medicare Prescription Plan
HMO, with HMO prescription drug coverage	Medicare HMO, with Medicare HMO prescription drug coverage

You Must Be Enrolled in Medicare Part B

Under Alcatel-Lucent Plan provisions, Medicare-eligible participants must be entitled to Medicare Part A and enrolled in Medicare Part B to receive benefits coverage through the Plan. When you are enrolled in Medicare Part B, you will pay a monthly premium cost for coverage and may also be required to pay a premium cost for the Alcatel-Lucent retiree healthcare coverage that you choose.

Medicare Part B offers medical benefits, such as doctor and ambulance services. You may become automatically enrolled in Medicare Part B if you receive Social Security benefits. Check with Medicare for your personal situation.

MEDICARE PART C MEDICAL PLAN OPTIONS – WHAT YOU SHOULD KNOW

- **Medicare Advantage Preferred Provider Organization (PPO) Plans (like the UnitedHealthcare Group Medicare Advantage [PPO]) and Medicare HMOs are “Medicare Part C” options.** By enrolling in one of these medical plan options, you agree to receive standard Medicare Part A and Medicare Part B services.
- **If you enroll (or continue coverage) in a Medicare HMO offered by the Plan, you will receive prescription drug coverage directly through that Medicare HMO.** Plan designs vary. You must go to hospitals and doctors in the Medicare HMO's network to receive coverage.
- **Shortly after enrolling in a Medicare HMO through the YBR Web site or the Alcatel-Lucent Benefits Center, you may receive form(s) in the mail from the Alcatel-Lucent Benefits Center.** Complete the form(s) with your personal information, Medicare information and signature, and return them to the Alcatel-Lucent Benefits Center by the deadline stated on the form(s) to avoid any delays in receiving coverage.
- **Other Medicare HMO and Medicare Part C options may be available to you from other private insurers.** You cannot be enrolled in more than one Medicare Part C plan option at the same time. Enrolling in a private insurer's Part C plan does not automatically cancel any Alcatel-Lucent coverages you may have defaulted to or enrolled in during the annual open enrollment period. To enroll in a private insurer's Part C plan outside of the company-sponsored Plan during the year, you must call the Alcatel-Lucent Benefits Center to disenroll from your Alcatel-Lucent medical and prescription drug coverage. For more information, see page 11.

Enrollment and Disenrollment Are Not Solely Within the Control of Alcatel-Lucent, and Rely Heavily on Decisions Made by CMS

At any time during the year, you can disenroll from or switch between the Group Medicare Advantage (PPO) and Medicare HMO options offered by the Plan by calling the Alcatel-Lucent Benefits Center at 1-888-232-4111. However, CMS approval is required. As a result, all elections and effective dates of coverage are driven by CMS. To determine which Medicare HMOs are available to you through the Plan, review your personalized enrollment worksheet or the YBR Web site during the annual open enrollment period.

- **Medicare HMO premium costs will be final in December.** Because the Medicare HMOs require approval by CMS, the final plan designs and premium costs will not be available to the Alcatel-Lucent Benefits Center during the annual open enrollment period. It is expected that the Alcatel-Lucent Benefits Center will have the final plan designs and premium costs in December. If you decide to enroll in a Medicare HMO during Alcatel-Lucent's annual open enrollment period, and the premium cost is later reduced, you will receive written notification. The premium cost will not be higher than what is shown on your personalized enrollment worksheet and on the YBR Web site during the annual open enrollment period.

Want to Drop or Waive Medical and/or Dental Coverage Outside of the Annual Open Enrollment Period?

You can drop or waive coverage at any time of the year. You will only be able to re-enroll during the next annual open enrollment period or if you have a qualified status change, provided you are still eligible for coverage.

Survivors in the FSP who drop or lose Alcatel-Lucent medical coverage for any reason can never re-enroll.

To drop or waive coverage outside of the annual open enrollment period:

- **If you are not eligible for Medicare** – Call the Alcatel-Lucent Benefits Center.
- **If you are Medicare-eligible** – Call the Alcatel-Lucent Benefits Center. Enrolling in a private insurer's Medicare Part C or Medicare Part D option outside of the Plan **does not** automatically disenroll you from Alcatel-Lucent medical (which includes prescription drug) coverage. Your enrollment in Alcatel-Lucent coverage is regulated by CMS, so you will be notified by the Alcatel-Lucent Benefits Center of the earliest possible effective date for disenrollment (based on CMS guidelines). Please note that if you disenroll from medical coverage, you will also be disenrolled from prescription drug coverage, and vice versa.

Remember: During the annual open enrollment period, you can drop or waive coverage using the YBR Web site, regardless of your Medicare eligibility.



FIND MORE DETAILS ABOUT MEDICARE

Review details about Medicare Parts A, B, C and D – including premium costs and any applicable deductibles, copayments and other costs – in the *Medicare & You* handbook on the Medicare Web site at www.medicare.gov. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, seven days a week.

RESOURCES FOR NOW, AND LATER

Alcatel-Lucent provides these year-round resources to help you conveniently manage your benefits.

Your Benefits Resources (YBR) Web Site	BenefitAnswers Plus Web Site	Alcatel-Lucent Benefits Center
http://resources.hewitt.com/alcatel-lucent (personalized and password-protected) • View your current coverage • Review and compare your 2012 healthcare options and premium costs (October 10, 2011 – October 21, 2011) • Enroll in or make changes to your coverage for 2012 (October 24, 2011 – November 4, 2011) • Waive your 2012 coverage • Find a doctor or healthcare provider • Learn more about Alcatel-Lucent's benefits • Review, add or change your dependent(s)' information on file • Understand how a Life Event may change your benefits	www.benefitanswersplus.com (non-personalized – no password required!) • See benefits news and updates, including coverage tips and reminders • Get electronic copies of your enrollment materials • Find carrier contact information during the year • Access a short video about the YBR Web site and how to use it BenefitAnswers Plus has a new look. Visit today!	1-888-232-4111 (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada) • Resolve a unique benefits issue • Notify Alcatel-Lucent if: - Imputed income applies (see page 8) - You or your eligible dependents will become Medicare-eligible due to a disability Or, if you do not have Internet access: • Enroll in or make changes to your coverage for 2012 (October 24, 2011 – November 4, 2011) • Waive your 2012 coverage • Review, add or change your dependent(s)' information on file 

THERE'S MORE TO COME

Be sure to check out the BenefitAnswers Plus Web site at www.benefitanswersplus.com in December for important coverage reminders and tips on using your benefits in 2012. You will find information about your medical plan ID cards, what to do when you experience a qualified status change during the year and more!



Unless as specifically stated within, this communication is merely intended to highlight some of the benefits provided by Alcatel-Lucent to its eligible participants. More detailed information is provided in the official plan documents, which are the final authority. In all instances, the relevant plan documents will control and govern the operation of all the benefit plans mentioned or described in this communication. The Board of Directors of Alcatel-Lucent USA Inc. (or its delegate) reserves the right to modify, suspend, change or terminate any of its benefit plans at any time. Participants should make no assumptions about any possible future changes unless a formal announcement is made by the company. The company cannot be bound by statements about the plans made by unauthorized personnel.

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