

November 16, 2017

**NOTICE TO ALL PENSION PLAN PARTICIPANTS,
CREDITORS AND PARTIES IN INTEREST**

**RE: St. Josephs Health Services of Rhode Island
Retirement Plan, as amended**

As you may be aware, I hosted a “town hall” style meeting on November 7, 2017, for the group designated as the “middle group”. At that meeting, several individuals spoke and the majority that spoke stated that they did not want to be separated into smaller groups and did not want to engage counsel if that required payment of legal fees. Notwithstanding the 20-30 that spoke that evening, I have spoken to or have exchanged emails with several others that do not share those feelings. As I stated that evening, as an impartial Court-appointed officer, I cannot create smaller groups for you, force you into smaller groups, appoint/assign an attorney or tell you if you should or should not hire an attorney. If groups are formed or counsel is hired, you – the plan participants – must make those decisions for yourselves; I can only provide suggestions and try to help to make your efforts easier.

The Court has set February 2018 as the time for me, as Receiver, to recommend adjustments to benefits and that time is fast approaching. I am concerned that if much more time passes I will not be able to fully benefit from the input of the Advisory Committee to assist with that evaluation. As a result, unless or until smaller groups are formed, I need to seek volunteers now to serve on both the Communication Committee (Ad Hoc Committee) and the Advisory Committee. I would like both committees to have approximately 15 members. After providing seats on both committees to the Union and Attorneys Violet and Senville’s group, I will only have approximately 10 seats available on each.

The purpose of this letter and the attached survey is to hopefully identify those interested in serving on either committee so that I can select the members for those committees that I determine are most representative of the wide range of interests that exists among the Plan participants. **Please only fill out and return the attached survey if you want to serve on a committee.**

Anyone who wants to serve on either committee must at least:

1. Fill out all information on the attached survey;
2. Understand that as a member of the Advisory Committee you will have a fiduciary responsibility to the other plan participants...meaning you will have a legal obligation to act in the best interest of all pension holders not in a way that only benefits you and your personal circumstances;

3. Be available to meet or participate via phone in all meetings which will be held as frequently as may be necessary, during normal business hours, Monday through Friday (initially the Advisory Committee may meet weekly but it is possible that the frequency will increase as February 2018 approaches);
4. Be willing to allow me to distribute your preferred direct contact information so that other plan participants can receive updates on the committees' actions and provide their input for you to present at committee meetings;
5. Understand that the Receiver may add or remove members from either committee as may be necessary or appropriate in order to maintain as representative a group as possible.

***Please note committee seats are limited; therefore, submitting a completed survey form does not guarantee that you will be selected to serve on a committee.**

In order to keep this process moving forward, I request that all completed survey forms be returned no later than December 1, 2017. Survey forms can be returned either via email to stjosephretirementplan@pierceatwood.com or regular mail at "Stephen Del Sesto, Receiver for St. Joseph's Pension Plan, c/o Pierce Atwood LLP, One Financial Plaza, 26th Floor, Providence, RI 02903". *Survey Forms received after December 1st may not be received in time to be considered.*

Once the committee members are selected, I will notify all plan participants of the committee membership and contact information.

Thank you for your willingness to serve on these very important committees.

Very truly yours,

Stephen F. Del Sesto, Esq.
Permanent Receiver of the Plan
and not individually

Enclosure

ST. JOSEPH HEALTH SERVICES OF RI RETIREMENT PLAN COMMITTEE SURVEY FORM

Please print legibly

Name: _____

Address: _____

Email: _____

Phone Numbers: home: () _____

cell: () _____

Preferred communication: (circle one) cell phone home phone email

I am volunteering to serve on the (please circle all that apply):

Advisory Committee Communication/Ad Hoc Committee

- | | | |
|--|------|----------|
| 1. Are you currently receiving benefits? | YES | NO |
| a. If yes, how much are you receiving monthly? | | \$ _____ |
| b. If not, are you eligible to receive? | YES | NO |
| c. If not, will you be eligible in the next 12 months? | YES | NO |
| 2. How old will you be in 2018? | | _____ |
| 3. How long did you work for St. Joseph's Hospital or Fatima Hospital prior to 2014? | | _____ |
| 4. Are you currently employed? | YES | NO |
| a. If yes, full or part time? | FULL | PART |
| b. By Prospect/CharterCare? | YES | NO |
| 5. If not employed anywhere, are you retired? | YES | NO |
| a. If retired, for how long have you been retired from St. Joseph's Hospital or Fatima Hospital? | | _____ |
| b. Do you have a permanent disability? | YES | NO |
| 6. If you weren't a St. Joseph's Hospital or Fatima Hospital employee, are you receiving spousal benefits from the Plan? | YES | NO |
| 7. Are you a current member of United Nurses & Allied Professionals (UNAP)? | YES | NO |
| 8. Other than Plan benefits and social security, do you have additional household income from any other source? | YES | NO |