



**Your 2000 Canadian  
FLEX Benefits Confirmation Statement**

This is a statement of the benefit selections you have chosen and the cost of each option. These selections will stay in effect through 2000 unless you have a Qualified Life Event. Please ensure all information on this statement is accurate and retain it for your records.

Name: \_\_\_\_\_ Global ID: \_\_\_\_\_ Submission Date: 16-NOV-1999

Benefit/Option	Coverage Level	Employee Cost Per Pay Period	Employee Cost Per Year	Nortel Cost Per Year
<b>Section A</b>				
<b>Core Short-Term Disability</b>				
13 Weeks at 100% FLEX Earnings, plus 13 weeks at 70%		\$ 0.00	\$ 0.00	\$ 529.36
<b>Optional Short-Term Disability</b>				
No optional coverage		\$ 0.00	\$ 0.00	\$ 0.00
<b>Core Long-Term Disability</b>				
50% of FLEX Earnings		\$ 0.00	\$ 0.00	\$ 415.22
<b>Optional Long-Term Disability</b>				
Raise 50% benefit to 70%		\$ 11.59	\$ 301.34	\$ 0.00
<b>Optional AD&amp;D Insurance</b>				
No optional coverage	No Coverage	\$ 0.00	\$ 0.00	\$ 0.00
<b>Medical Care</b>				
Comprehensive	You & Spouse	\$ 0.00	\$ 0.00	\$ 617.76
<b>Dental/Vision/Hearing Care</b>				
Plus	You & Spouse	\$ 6.88	\$ 178.88	\$ 901.94
<b>Section B</b>				
<b>Core Employee Life Insurance</b>				
1 x FLEX Earnings		\$ 0.00	\$ 0.00	\$ 273.52
<b>Optional Employee Life Insurance</b>				
2 x FLEX Earnings	Non-Smoker (\$ _____)	\$ 3.48	\$ 90.48	\$ 0.00
<b>Dependent Life Insurance - Spouse</b>				
\$ 100,000	Non-Smoker	\$ 1.84	\$ 47.84	\$ 0.00
<b>Dependent Life Insurance - Child</b>				
No optional coverage		\$ 0.00	\$ 0.00	\$ 0.00
<b>FLEX Credits:</b> \$ 14.13 <b>Net Cost:</b> \$ 9.66				
<b>Taxable Pay:</b> \$ 0.00 <b>HCRA:</b> \$ 0.00				

NOTE: Benefit costs including excess credits will be subject to applicable taxes. Refer to your 2000 FLEX Benefits Handbook for tax application details.

Should you have any questions regarding the information on this confirmation statement, please call the InfoCenter at ESN-333-4636 or 1-800-684-4636.

JANE DOE 2001  
WHILE ALREADY ON LTD



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## Your 2001 Canadian FLEX Benefits Confirmation Statement

This is confirmation of the benefit selections you have chosen and the cost of each option. These selections will stay in effect through 2001 unless you have a status change. Please ensure all information on this statement is accurate and retain it for your records. If the information is not correct, call Employee Services.

This also confirms that, as part of your on-going participation in Nortel Networks compensation and benefits programs, including FLEX, you agree to disclosure of personal information by Nortel Networks and its plan and program administrators and custodians to third parties, as required, to facilitate administration and reporting.

Name: \_\_\_\_\_ Date: 24-NOV-2000

Section A Costs/H CRA/Taxable Pay:	\$ 14.67 Per Pay	\$ 381.42 Per Year
Section B Costs:	\$ 7.33 Per Pay	\$ 190.58 Per Year

Benefit/Option	Coverage Level	Employee Cost/Rebate Per Pay	Employee Cost/Rebate Per Year	Nortel Cost Per Year
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### Section A

#### Core Short-Term Disability

13 Weeks at 100% FLEX Earnings, plus 13 weeks at 70%	\$ 0.00	\$ 0.00	\$ 262.86
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#### Optional Short-Term Disability

Raise 70% benefit to 90%	\$ 0.88	\$ 22.88	\$ 0.00
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#### Core Long-Term Disability

50% of FLEX Earnings	\$ 0.00	\$ 0.00	\$ 223.08
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#### Optional Long-Term Disability

Raise 50% benefit to 70%	\$ 5.67	\$ 147.42	\$ 0.00
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#### Optional AD&D Insurance

No optional coverage	\$ 0.00	\$ 0.00	\$ 0.00
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#### Medical Care

Plus You & Spouse	\$ 8.15	\$ 211.90	\$ 677.82
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#### Dental

Plus You & Spouse	\$ 6.88	\$ 178.88	\$ 904.80
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#### FLEX Credits

	\$- 6.91	\$- 179.66	\$ 179.66
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### Section B

#### Core Employee Life Insurance

1 x FLEX Earnings \$ 47,000	\$ 0.00	\$ 0.00	\$ 135.20
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#### Optional Employee Life Insurance

5 x FLEX Earnings (Pending) Non-Smoker (\$ 231,000)	\$ 6.39	\$ 166.14	\$ 0.00
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3 x FLEX Earnings Smoker (\$ 139,000)	\$ 6.41	\$ 166.66	\$ 0.00
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#### Dependent Life Insurance - Spouse

\$ 200,000 (Pending) Non-Smoker	\$ 3.69	\$ 95.94	\$ 0.00
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\$ 50,000 Non-Smoker	\$ 0.92	\$ 23.92	\$ 0.00
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#### Dependent Life Insurance - Child

No optional coverage	\$ 0.00	\$ 0.00	\$ 0.00
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Note: Benefit costs including unused FLEX Credits will be subject to applicable taxes. See your 2001 FLEX Handbook for tax details. The Section A and B cost summaries at the top of the page are for benefits that are already approved. If any coverage is pending, your costs may change when approval is received later.

\*\*To receive the amount of coverage you selected, the enclosed Statement of Health form must be completed and returned along with a copy of this Confirmation Statement to:

Clarica, Group Plan Admin., 227 King Street South, Waterloo, ON N2J 4C5



**Your 2002 Canadian  
FLEX Benefits Confirmation Statement**

This confirms your 2002 FLEX selections and costs, which take effect January 01, 2002. These selections remain in effect through 2002 unless your eligibility changes or you change your selections due to a status change. If any information on this Confirmation Statement is not accurate, please call Employee Services at ESN 333-4636 or 1-800-684-4636 immediately.

This also confirms that, as part of your on-going participation in Nortel Networks compensation and benefits programs, including FLEX, you agree to disclosure of personal information by Nortel Networks and its plan and program administrators and custodians to third parties, as required, to facilitate administration and reporting.

Name: \_\_\_\_\_ Global ID: \_\_\_\_\_ Submission Date: 26-NOV-2001

Section A Costs/HCRA/Taxable Pay:	\$ -0.83 Per Pay	\$ -21.58 Per Year
Section B Costs:	\$ 5.75 Per Pay	\$ 149.50 Per Year

Benefit/Option	Coverage Level	Employee Cost/Rebate Per Pay	Employee Cost/Rebate Per Year	Nortel Cost Per Year
Section A				
Core Short-Term Disability				
13 Weeks at 100% FLEX Earnings, plus 13 weeks at 70%		\$ 0.00	\$ 0.00	\$ 423.54
Optional Short-Term Disability				
No optional coverage		\$ 0.00	\$ 0.00	\$ 0.00
Core Long-Term Disability				
50% of FLEX Earnings		\$ 0.00	\$ 0.00	\$ 627.38
Optional Long-Term Disability				
Raise 50% benefit to 70%		\$ 14.76	\$ 383.76	\$ 0.00
Optional AD&D Insurance				
No optional coverage		\$ 0.00	\$ 0.00	\$ 0.00
Medical Care				
Comprehensive	You & Family	\$ 1.07	\$ 27.82	\$ 720.98
Dental/Vision/Hearing Care				
Comprehensive	You & Family	\$ 1.34	\$ 34.84	\$ 921.96
FLEX Credits		\$- 18.00	\$- 468.00	\$ 468.00

Section B				
Core Employee Life Insurance				
1 x FLEX Earnings		\$ 0.00	\$ 0.00	\$ 273.52
Optional Employee Life Insurance				
2 x FLEX Earnings	Non-Smoker	\$ 3.76	\$ 97.76	\$ 0.00
Dependent Life Insurance - Spouse				
\$ 100,000	Non-Smoker	\$ 1.56	\$ 40.56	\$ 0.00
Dependent Life Insurance - Child				
\$ 10,000 per child		\$ 0.43	\$ 11.18	\$ 0.00

Note: Benefit costs including unused FLEX Credits will be subject to applicable taxes. The Section A and B cost summaries at the top of the page are for benefits that are already approved. If any coverage is pending, your costs may change when approval is received later.

Note: If you are on short term disability on or before Jan.1, 2002, regardless of your annual enrollment selections, your 2001 short term disability, long term disability, and yours and your dependents' optional life and AD&D Insurance selections will remain in effect until you return to work for 60 consecutive days.





**Your 2003 Canadian  
FLEX Benefits Confirmation Statement**

This confirms your 2003 FLEX selections and costs, which take effect January 01, 2003. These selections remain in effect through 2003 unless your eligibility changes or you change your selections due to a Status Change. If any information on this Confirmation Statement is not accurate, please call Employee Services at ESN 333-4636 or 1-800-684-4636 immediately.

This also confirms that, as part of your on-going participation in Nortel Networks compensation and benefits programs, including FLEX, you agree to disclosure of personal information by Nortel Networks and its plan and program administrators and custodians to third parties, as required, to facilitate administration and reporting.

Name: [REDACTED] Global ID: [REDACTED] Submission Date: 29-NOV-2002  
Section A - Costs/HCRA/Taxable Pay: \$ 11.60 Per Pay Period \$ 301.60 Per Year  
Section B - Costs: \$ 7.74 Per Pay Period \$ 201.24 Per Year

Benefit/Option	Coverage Level	Employee Cost/Rebate Per Pay Period	Employee Cost/Rebate Per Year	Nortel Networks Cost Per Year
<b>Section A</b>				
<b>Core Short-Term Disability</b>				
13 Weeks at 100% FLEX Earnings, plus 13 weeks at 70%		\$ 0.00	\$ 0.00	\$ 624.00
<b>Optional Short-Term Disability</b>				
No optional coverage		\$ 0.00	\$ 0.00	\$ 0.00
<b>Core Long-Term Disability</b>				
50% of FLEX Earnings		\$ 0.00	\$ 0.00	\$ 772.72
<b>Optional Long-Term Disability</b>				
Raise 50% benefit to 70%		\$ 18.46	\$ 479.96	\$ 0.00
<b>Optional AD&amp;D Insurance</b>				
No optional coverage		\$ 0.00	\$ 0.00	\$ 0.00
<b>Medical Care</b>				
Plus You & Child(ren)		\$ 10.80	\$ 280.80	\$ 906.88
<b>Dental/Vision/Hearing Care</b>				
Comprehensive You & Child(ren)		\$ 0.34	\$ 8.84	\$ 1100.84
<b>FLEX Credits</b>		\$- 18.00	\$- 468.00	\$ 468.00
<b>Section B</b>				
<b>Core Employee Life Insurance</b>				
1 X FLEX Earnings [REDACTED]		\$ 0.00	\$ 0.00	\$ 273.52
<b>Optional Employee Life Insurance</b>				
2 X FLEX Earnings Non-Smoker [REDACTED]		\$ 3.76	\$ 97.76	\$ 0.00
<b>Dependent Life Insurance - Spouse</b>				
\$ 100,000 Smoker		\$ 3.55	\$ 92.30	\$ 0.00
<b>Dependent Life Insurance - Child</b>				
\$ 10,000 per child		\$ 0.43	\$ 11.18	\$ 0.00

Note: Benefit costs including unused FLEX Credits will be subject to applicable taxes. The Section A and B cost summaries at the top of the page are for benefits that are already approved. If any coverage is pending, your costs may change when approval is received later.

Note: If you are on short-term disability on Jan. 1, 2003, regardless of your annual enrollment selections, your 2002 short-term disability, long-term disability, and your and your dependents' optional life and AD&D insurance selections will remain in effect until you return to work for 60 consecutive days.