



August 4, 2009

Dear Bargaining Unit Retiree, Surviving Spouse, and eligible dependents, if any:

As a follow up to previous communication describing modifications made to the Chrysler Group LLC Health Care Plan ("Plan"), enclosed are documents that describe your legal continuation rights with respect to the Vision and Dental coverages that were eliminated under the Plan effective July 1, 2009.

COBRA Overview

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a Federal Law which requires group health plans to give worker, retirees and their family members who lose certain group health benefits the right to elect to continue those benefits for a period of time depending upon the qualifying event. Retirees like you, your spouse and your eligible dependents as well as surviving spouses who were covered under the Plan prior to July 1, 2009 ("Qualified Beneficiaries") may elect to continue Dental, Vision or both coverages through COBRA.

Duration of COBRA Coverage

If a retiree/surviving spouse elects COBRA under this particular offering, then coverage will continue until the retiree/surviving spouse dies (lifetime COBRA coverage). For a spouse or dependent child of a retiree, coverage will continue until the earlier of the date that the individual dies or the date 36 months after the retiree dies. COBRA also will terminate if the retiree/surviving spouse, spouse or dependent becomes entitled to other group health coverage (with some limitations), but will not terminate when the retiree/surviving spouse, spouse or dependent become entitled to Medicare.

Payments for COBRA coverage are made directly to Benefit Express. If the enrollee fails to make payments within 30 days of the due date, COBRA coverage will end and the enrollee will be unable to elect back into coverage.

Cost

Qualified Beneficiaries who choose to elect to continue Dental and Vision coverage under COBRA will be required to remit contributions equal to 102% of the cost of coverage, in accordance with the attached information. Qualified Beneficiaries may choose to continue Vision, Dental or both coverages.

For more details on how to elect COBRA coverage, and when you need to remit your premiums and to whom, please refer to the attached materials. If you elect coverage, do not send payment until you receive your first invoice from Benefit Express. Before you make a decision, feel free to consider the scope of benefits and cost under Dental and Vision plans outside of COBRA that may be available on the internet or other information sources. If you have any questions, please contact Benefit Express at 1-888-409-3300.

Sincerely,
Corporate Benefits Management