

**Exhibit “1” Confidential Individual Claim Form****INDIVIDUAL DATA**<sup>1</sup>**Name: John Doe**

<b>Demographic and Employment Data</b>	
Nortel ID Number	XXXXXXXXXX
Participant Date Of Birth	MM/DD/YYYY
Spouse Date Of Birth	MM/DD/YYYY
Retirement Date	MM/DD/YYYY
Years Of Service Toward Retiree Benefits	XX
Retired Under Restructuring Program <sup>2</sup>	[Yes/No]

<b>Existing Retiree Benefits</b>	
Retirement Program <sup>3</sup>	[Balanced, Traditional, Traditional Grandfathered, Investor]
Medical Benefit Coverage Level	[None, Participant Only, Participant & Spouse, Participant & Child, Family, Surviving Spouse, Surviving Spouse & Family]
Life Insurance Benefit Amount	[None, \$10,000 or \$35,000]
Long-Term Care Benefit	[Retiree only: up to \$100 per day up to a lifetime maximum of \$180,000 or Retiree & spouse: up to \$70 per day for retiree & spouse up to a combined lifetime maximum of \$125,000]

**ILLUSTRATIONS****I. If The Election Threshold Is Met, The VEBA Sponsored Medical Plan Is Offered And You Choose To Enroll In The VEBA Sponsored Medical Plan:**<sup>4</sup>

- A. Your medical subsidy amount is projected to be as illustrated in the “Amount Payable by VEBA” columns of the table below:

<b>Medical Subsidy Amount (in \$ per month)</b>				
	<b>Subsidy Provided by Nortel Under Retiree Welfare Plans</b>		<b>Projected Subsidy Amount Payable by VEBA<sup>5</sup></b>	
	<b>If Pre-Medicare</b>	<b>If Medicare Eligible</b>	<b>If Pre-Medicare</b>	<b>If Medicare Eligible</b>
<b>For You</b> (Found on Page XX)				
<b>For Your Dependents</b> (Found on Page XX)				

<sup>1</sup> The Retiree Committee relied upon individual data, including demographic and employment data and information concerning Nortel- sponsored benefits, including costs and subsidies, that the Debtors provided to the Retiree Committee.  
<sup>2</sup> “Yes” denotes retirement at age 50-54 in the 1995/96 Retirement Enhancement Program, in the 1998 Early Retirement Incentive Program, or under a similar program in 2000/2001.

<sup>3</sup> Denotes the previously available Nortel Capital Accumulation and Retirement Program (“CARP”) that you participated in and that governs your eligibility for and subsidy toward medical benefits.

<sup>4</sup> If the election threshold is met, the VEBA Sponsored Medical Plan is offered and you choose not to enroll in the VEBA Sponsored Medical Plan, you will WAIVE your Medical Claim for all purposes.

<sup>5</sup> The projected subsidy amount to be paid by the VEBA (“VEBA Medical Subsidy”) is determined by multiplying the subsidy previously provided by Nortel (“Nortel Medical Subsidy”) by [XX]% (the “Subsidy Ratio”). The Subsidy Ratio is equal to the Total Settlement Amount divided by the Total Claim Value and is the same for every retiree and dependent.

**B. The VEBA Medical Subsidy Will Be Used By The VEBA To Pay A Portion Of Your Monthly Health Insurance Premium as Illustrated Below:**

<b>VEBA Sponsored Medical Plan Cost</b> (examples shown in \$ per month)		
	<b>Example 1 (If Pre-Medicare)</b> <i>See Note A Below</i>	<b>Example 2 (If Medicare Eligible)</b> <i>See Note B Below</i>
<b>For You</b>		
Gross Cost (Before Subsidy)	\$XXX.XX	\$XXX.XX
Less Projected Subsidy	<u>XXX.XX</u>	<u>XXX.XX</u>
Amount Payable by VEBA		
Net Cost to You (After Subsidy)	\$XXX.XX	\$XXX.XX
<b>For Your Dependents</b>		
Gross Cost (Before Subsidy)	\$XXX.XX	\$XXX.XX
Less Projected Subsidy	<u>XXX.XX</u>	<u>XXX.XX</u>
Amount Payable by VEBA		
Net Cost to You (After Subsidy)	\$XXX.XX	\$XXX.XX

Note A: Example A assumes ZZ medical plan and YY pharma plan.  
 Note B: Example B assumes WW medical plan and VV pharma plan.  
 Note C: The rates and provisions provided here are for illustrative purposes only and do not constitute any assurance or solicitation of insurance coverage. Rates and provisions may be subject to change or availability based upon the results of the pre-enrollment election ballot and underwriting guidelines set by [Insurance Co.].

**C. In Addition, The Following Amounts Will Be Funded To A Health Reimbursement Arrangement/Account (“HRA”) In Your Favor:**

<b>Benefit Type</b>	<b>Expected Settlement Value</b>	<b>Found on Page</b>
Life Insurance	\$x,xxx	YY
Long-Term Care	<u>\$x,xxx</u>	YY
Total	\$x,xxx	

**II. If The Election Threshold Is Not Met, The VEBA Sponsored Medical Plan Will Not Be Offered And Your Settlement Value Will Be Funded To An HRA in Your Favor:**

<b>Claim Type</b>	<b>Settlement Value</b>	<b>Found on Page</b>
Your Medical Claim	\$x,xxx	YY
Your Dependents’ Medical Claim	\$x,xxx	YY
Life Insurance Claim	\$x,xxx	YY
Long-Term Care Claim	<u>\$x,xxx</u>	YY
Total Settlement Value	\$x,xxx	

Your expected total Settlement Value equals your allocated share of the total Settlement Amount (currently \$66.879M).