

**Remy International, Inc.
Voluntary Retiree Reimbursement
Account Program**

Restated Effective May 1, 2010

Remy International, Inc. ("Employer") hereby restates the Remy International, Inc. Voluntary Retiree Reimbursement Account Program ("VRRAP" or "Plan") for eligible retirees, subject to the terms and conditions below, effective as of May 1, 2010. The VRRAP was originally effective January 1, 2010. The purpose of this restatement is to allow additional retirees and their spouses to become participants in the Plan. This document is both the official plan document and summary plan description.

ELIGIBILITY

- A. *You will be eligible to be a participant in the VRRAP ("Participant") if you retired from the Employer (or its affiliates) and:*
- You were covered by the Delco Remy America Employee Benefit Plan for Hourly Employees or the Remy International Group Plan as a retiree and eligible for the medical benefits provided thereunder, as of December 31, 2009; and
 - You executed the Participation and Release Agreement prior to January 1, 2010, or you execute the Participation and Release Agreement attached as Exhibit A after December 31, 2009 (each referred to as a "Participation Agreement") but before June 1, 2010.
- B. *If you were receiving coverage as a spouse under an Employer-sponsored medical plan on December 31, 2009, and your spouse is eligible under Section A above, and you sign Exhibit A on or before June 1, 2010, you will be eligible for benefits as provided hereunder.*
- C. *For purposes of clarification, a spouse cannot be eligible for participation unless the retiree from the Employer signs the Participation Agreement. Furthermore, if an otherwise eligible retiree has passed away, his or her surviving spouse shall be deemed to be a retiree for purposes of eligibility and benefit amounts.*
- D. *In the event a Participant or spouse breaches the Participation Agreement, any amounts remaining in the Participant's Account shall be immediately forfeited and, to the extent benefits have been paid under this Plan, the Participant must repay such amount within fifteen (15) days of written demand by the Employer.*

REIMBURSEMENT ACCOUNT CREDITS

For each retiree who became a Participant on January 1, 2010, the Employer made a bookkeeping credit to the Participant's VRRAP account ("Account") in the amount of \$25,000. If the Participant's spouse was also eligible under this Plan as of January 1, 2010, the Employer made an additional credit of \$12,500 to the Participant's Account.

For each retiree who became a Participant after January 1, 2010, by signing a Participation Agreement attached as Exhibit A on a timely basis (in accordance with instructions from the Employer), the Employer will make a bookkeeping credit to the Participant's Account in the amount of \$20,000. If the Participant's spouse is also eligible under this Plan and timely signed Exhibit A, the Employer will make an additional credit of \$10,000 to the Participant's Account.

Your Retiree Reimbursement Account Statements

OptumHealth is the claims administrator of the VRRAP.

The Explanation of Payment (EOP) that OptumHealth issues with each reimbursement is also a good source of information. The EOP details the amount reimbursed and your current balance.

YOUR VRRAP ACCOUNT

The VRRAP lets you pay many of your otherwise unreimbursed health care expenses for you and/or your eligible dependents. An eligible dependent is your legally married spouse of the opposite sex or dependents who are defined in section 105(b) of the Internal Revenue Code. Because not every health care expense you incur is eligible for reimbursement through the VRRAP, it's important to know which are reimbursable and which are not.

If an expense may be eligible for reimbursement under any other plan(s), you cannot submit it for reimbursement under the VRRAP until the expense has been considered and rejected, in whole or in part, by the other plan(s).

Eligible Health Care Expenses

You can use your VRRAP Account to reimburse yourself for health care expenses that are considered medical care under section 213(d) of the Internal Revenue Code, as long as the expenses are not reimbursed by any health care plan. Tax rules change, so you should check with your tax advisor about the eligibility of specific expenses. You can get additional information about eligible health care expenses from IRS Publication 502, "Medical and Dental Expenses," which is available from your local IRS office and on the IRS website at <http://www.irs.gov>. Current qualified expenses include:

- Acupuncture
- Ambulance service
- Artificial limbs
- Auto equipment such as special hand controls to assist the physically disabled
- Braille books and magazines
- Chiropractic care
- Contact lenses needed for medical reasons that are not covered by a vision care plan

- Contraceptives that are not covered by a medical plan
- Crutches
- Dental treatment not covered by a dental plan
- Drug abuse inpatient treatment
- Drugs that do not require a physician's prescription (over-the-counter medications), as long as they are for medical care, and not merely beneficial to your overall general health. Examples of reimbursable expenses include charges for pain relievers, cold and fever remedies, antibiotic ointments, and allergy medications.
- Eye exams, lenses and frames not covered in full by a vision care plan
- Guide dog or other animal used by a visually-impaired or hearing-impaired person
- Health care plan contributions (premiums), including those for Medicare, your spouse's employer's plan, or any other private coverages
- Hearing exams and hearing aids
- Hospital services
- Laboratory fees
- Laser eye surgery
- Lead-based paint removal to protect a child who has, or who has had, lead paint poisoning from continued exposure
- Legal fees directly related to committing a mentally ill person
- Lodging while you receive medical care away from home. Care must be provided by a doctor in a licensed hospital or treatment facility, and the lodging must be primarily for, and essential to, medical care.
- Long term care services required by a chronically ill person, if provided in accordance with a plan of care prescribed by a licensed health care practitioner
- Medical information plan that maintains your medical information so it can be retrieved from a medical data bank for your medical care
- Medical services and supplies not covered by your medical plan
- Mental health care not covered by your medical plan
- Organ donor expenses
- Osteopathic services
- Oxygen and oxygen equipment
- Prescription drugs not covered by your medical plan
- Psychiatric care not covered by your medical plan
- Smoking cessation programs
- Specialized equipment for the disabled, including:

- Cost and repair of special telephone equipment that allows a hearing-impaired person to communicate over a regular telephone, and
- Equipment that displays the audio part of television programs as subtitles for hearing-impaired people.
- Sterilization surgery
- Termination of pregnancy
- Transportation expenses if primarily for, and essential to, medical care
- Wheelchairs

The following health care expenses also qualify for tax-free reimbursement through the VRRAP:

- Health care copayment, deductible and coinsurance amounts
- Health care expenses that are above the customary charge or health care plan maximums

In addition, the following premiums (and ONLY the following premiums) qualify for tax-free reimbursement through the VRRAP:

- If you are under age 65 at the time the expense is incurred, premiums paid for coverage under:
 - a medical benefit plan not sponsored by the Employer in which you participate;
 - a long term care plan not sponsored by the Employer in which you participate;
 - a dental benefit plan not sponsored by the Employer in which you participate.

If you are age 65 or older at the time the expense is incurred, premiums paid for coverage under:

- a long term care plan in which you participate; and
- a dental benefit plan in which you participate.

Other Facts You Should Know

- Expenses reimbursed under the VRRAP cannot be claimed as deductions or credits on your Federal Income Tax Return.
- Expenses that you claim as deductions or credits on your Federal Income Tax Return cannot be reimbursed under the VRRAP.

ENROLLMENT

How You will be Enrolled

You will be enrolled in the VRRAP automatically based on satisfying all of the VRRAP eligibility requirements explained above.

When Participation Begins

After you have met the VRRAP eligibility requirements explained above, you will be able to access the funds under the VRRAP for reimbursement of qualified medical expenses incurred on and after (i) January 1, 2010 (if a Participant who signed the Participation Release before January 1, 2010) or (ii) June 1, 2010 (if a Participant who signed the Participation Release attached as Exhibit A after January 1, 2010).

When Your Participation Ends

Your participation in the VRRAP ends on the earliest of the date:

- When both you and, if applicable, your spouse die, your Account in the VRRAP will be closed, and you will forfeit the unused balance in your Account remaining after all pending eligible expense reimbursement requests have been processed; or
- When your Account in the VRRAP reaches a zero balance.

Your dependent's eligibility for reimbursements from the VRRAP ends on the earliest of the date:

- Your participation in the VRRAP ends; or
- You exhaust your VRRAP Account; or
- Your dependent ceases to be an eligible dependent.

Amounts remaining in your Account under the Plan when you and, if applicable, your spouse die (following the final payment of all health care expenses allowable for you or your dependents' final period of coverage under the VRRAP) will be forfeited.

CLAIMING REIMBURSEMENT

Documenting Your Claim

Health Care Expenses

When you submit a claim for reimbursement from your VRRAP, you must provide a copy of:

- The Explanation of Benefits (EOB) you received from a health care plan you are enrolled in (or your dependent's health care plan) showing how much, if any, of your claim was paid; or
- Itemized bills from suppliers for expenses not covered by any health care plan. The itemized bill should include the following information:
 - Patient name,
 - Nature of the service provided,
 - Name of person or entity receiving payment for the service,
 - Cost of the service, and
 - Date of the service.
- Premium statements from a medical benefit plan, a dental benefit plan, or a long term care plan (if such premiums are permitted as a health care expense in the section of this Summary Plan Description entitled “**Eligible Health Care Expenses**”).

Your claim will not be accepted if the required information is not provided. You can use the “Retiree Reimbursement Account Reimbursement” form to ensure that your claim submission contains all of the required information. Copies of the form are available from Member Services or on OptumHealth's website.

Claim mailing address is:

OptumHealth
450 Columbus Boulevard
Hartford, CT 06115

Reimbursement

Requests for reimbursement of health care expenses incurred during a calendar year must be made in writing no later than 90 days following the end of that calendar year. OptumHealth processes VRRAP claims as they are received, and issues VRRAP reimbursement at least monthly once a minimum reimbursement of \$50.00 is processed.

You can be reimbursed through the VRRAP for qualifying health care expenses up to the amount of funds in your Account. A qualifying health care expense does not include a medical expense incurred before the date the VRRAP was in existence or before the date you became eligible to participate in the VRRAP.

You will receive an Explanation of Payment (EOP), which reflects the status of your Account, each time you submit a request for reimbursement (for example, the amount of the claim, how

much of it is eligible for reimbursement, what's been paid to date from the VRRAP, any amounts still payable, and any balance remaining in your Account).

If any balance is left in your Account at the end of a period of coverage (generally, the calendar year), the remaining balance will be rolled forward to the following year.

How to Appeal a Denied Claim

If your claim is entirely or partially denied, the reason(s) for the denial will appear on the Explanation of Payment (EOP) you receive from OptumHealth, along with other information that ERISA requires to be provided. Notification of a claim denial will be given not later than 30 days after the claim is received, subject to one 15 day extension if the Plan Administrator (i) determines that the extension is necessary due to circumstances beyond the Plan Administrator's control, and (ii) notifies you of the extension prior to the end of the initial 30 day response period.

Please note: If OptumHealth does not process your VRRAP claim because information is missing from your claim submission, OptumHealth will notify you in writing of the specific information needed to complete processing, and you will be given at least 45 days from receipt of that notice to provide the specified information. This is not considered a denied claim.

If you think your claim has been wrongfully denied, you have 180 days after receiving the written denial to request a review. Your request for a review, called an appeal, must be submitted to OptumHealth in writing. Be sure to explain why you think you are entitled to reimbursement, and attach any documentation that will support your claim. The plan administrator must respond to your written request for a review within 60 days of receiving it, explaining the reasons for their decision in clear, understandable language.

You can also follow this procedure if you do not receive *any* response to your claim within 30 days after you've initially filed it with OptumHealth.

PLAN INFORMATION

Your ERISA Rights: VRRAP

The Employee Retirement Income Security Act of 1974, known as ERISA, provides you with rights as a Participant in the VRRAP. ERISA provides that all VRRAP Participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, all documents governing the VRRAP, including insurance contracts and a copy of the latest

annual report (Form 5500 Series) that is filed by the VRRAP with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

- Obtain, upon written request to the Plan Administrator, copies of all documents governing the operation of the VRRAP, including insurance contracts and the latest annual report (Form 5500 Series), and an updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the VRRAP's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.
- Receive a copy of the procedures used by the VRRAP for determining a qualified domestic relations order (QDRO) or a qualified medical child support order (QMCSO).

Prudent Action by VRRAP Fiduciaries

In addition to creating rights for VRRAP Participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate the VRRAP, called "fiduciaries" of the VRRAP, have a duty to do so prudently and in the interest of you and other VRRAP participants and beneficiaries.

No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the VRRAP and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the VRRAP's decision or lack thereof concerning the status of a domestic relations order or a medical child support order, you may file suit in a federal court.

If it should happen that VRRAP fiduciaries misuse the VRRAP's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about the VRRAP, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, the Health Insurance

Portability and Accountability Act (HIPAA), and other laws affecting group health plans, or if you need assistance with obtaining documents from the Plan Administrator, you should contact:

- The nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory; or
- Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Amendment of the Plan

The Employer may amend the Plan in writing by acting through its board of directors, its chief executive officer, or its senior vice president of human resources. An amendment may have retroactive or prospective effect. No amendment will reduce the credit to a Participant's Account in the Plan.

General Information about the Plan

The following information is provided to you in accordance with the Employee Retirement Income Security Act of 1974 (ERISA).

Employer/Plan Sponsor	Remy International, Inc. 600 Corporation Drive Pendleton, IN 46064
Employer Identification Number	35-1909253
Plan Name	Voluntary Retiree Reimbursement Account Program
Plan Number	510
Plan Type	Unfunded medical plan
Plan Year	Calendar
Plan Administrator	Remy International, Inc. 600 Corporation Drive Pendleton, IN 46064
Type of Administration	Third-party administration
Source of Contributions to the VRRAP	General assets of Remy International, Inc.
Agent for Service of Legal Process	Remy International, Inc. Attention: General Counsel 600 Corporation Drive Pendleton, IN 46064