

**Fermi Research Alliance, LLC
ACH Schedule
Effective 1/1/2024-12/31/2024**

Coverage Month	ACH Debit Date	Deadline to Report Changes		Coverage Month	ACH Debit Date	Deadline to Report Changes
January	1/10/2024	12/31/2023		July	7/10/2024	6/30/2024
February	2/12/2024	1/31/2024		August	8/12/2024	7/31/2024
March	3/11/2024	2/28/2024		September	9/10/2024	8/31/2024
April	4/10/2024	3/31/2024		October	10/10/2024	9/30/2024
May	5/10/2024	4/30/2024		November	11/12/2024	10/31/2024
June	6/10/2024	5/31/2024		December	12/10/2024	11/30/2024

NOTE: It is the intent of FRA/Fermilab to continue to provide the benefit plans described in the Summary Plan Descriptions. However, they reserve the right to amend, modify, or terminate any or all of the plans at any time in their sole discretion.

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