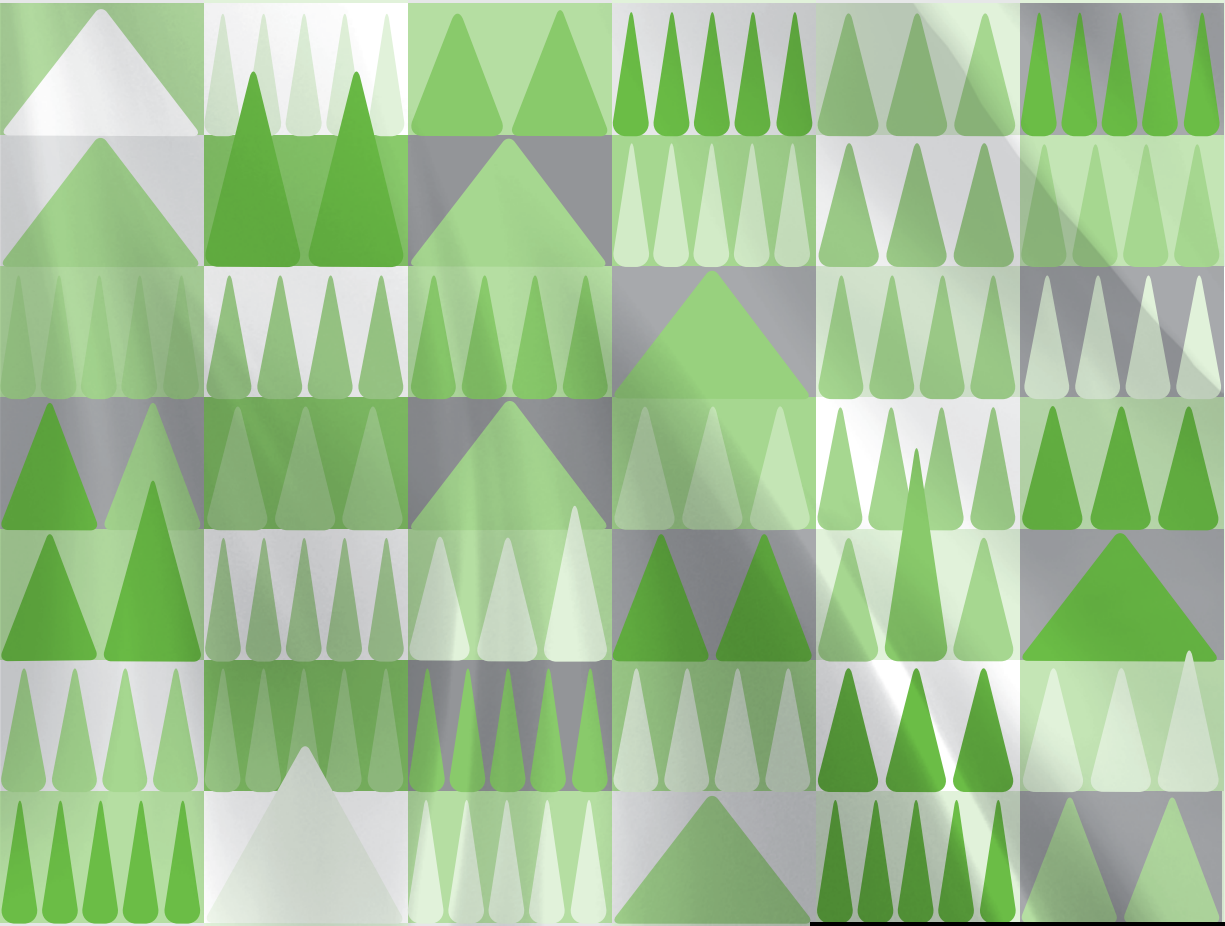


Retiree Medical Savings Program



INTERNATIONAL  PAPER

Retiree Medical
Savings Program



Retiree Medical Savings Program

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Retiree Medical Savings Program

Overview

International Paper offers access to retiree medical coverage to eligible retired employees. Due to the rising cost of health care, it is likely that the cost of retiree medical coverage will continue to increase in future years. To provide you with an opportunity to save for future contributions for retiree medical coverage, International Paper established the International Paper Company Retiree Medical Savings Program (the Program). This booklet describes the provisions of the Program effective January 1, 2008. Under this Program you can save for future retiree medical expenses on a tax-effective basis and receive company matching amounts.

The Retiree Medical Savings Program is comprised of two separate plans:

Employee Account Plan

Employee contributions are made to the portion of the Program referred to as the Employee Account Plan. This is a tax-qualified plan. All employee contributions to this Plan are invested in a separate trust.

Company Account Plan

The portion of the Program which consists of company matching amounts is referred to as the Company Account Plan. This is an unfunded plan. The company matching amounts which are credited to you under this Plan will not be invested in a separate trust, but will be paid directly by the company out of its general assets at the time Program benefits become payable.

How the Program Works

Under the Retiree Medical Savings Program:

- Beginning January 1 of the year you reach age 45, you have the opportunity to save up to \$160 a month on an after-tax basis through payroll deductions.
- The company will credit you with an amount equal to two times the amount of your monthly contribution, up to a maximum monthly company match of \$160.
- Under present federal income tax law, all earnings credited to both the Employee Account and to the Company Account will not be subject to tax when credited.
- If you are eligible to participate in an International Paper retiree medical plan upon termination of employment with the company, the amounts in your Employee Account and your Company Account may be used for reimbursement of Medicare premiums and/or retiree medical plan contributions which you, your spouse or your eligible dependents pay.
- Under present federal income tax law, amounts in your Employee Account and your Company Account which are used to reimburse covered expenses under the Program will not be subject to federal income tax.

Who Is Eligible

You are eligible to participate in the Retiree Medical Savings Program beginning the later of the following:

- For a full-time employee with salaried benefits, your date of hire; for a full-time employee with hourly benefits, the first of the month following one month of continuous employment; or
- January 1 of the year you reach age 45.

Participation requires employee contributions.

Retiree Medical Savings Program

How to Enroll

To enroll in the Retiree Medical Savings Program, you may call JPMorgan Retirement Plan Services at 800-345-2345 or you may access the JPMorgan Retirement Plan Services website through My-IP or at www.myipretirement.com. If you choose to make contributions to the Program, you must:

- Select the monthly dollar amount you want to contribute to the Program;
- Authorize the company to make payroll deductions for your contributions; and
- Designate a beneficiary.

You may name one or more beneficiaries to receive the total amount in your Employee Account in the event of your death. You may change your beneficiary designation at any time by notifying JPMorgan Retirement Plan Services.

Important Note – If you choose not to enroll in the Program when you first become eligible, you may enroll at any time by notifying JPMorgan Retirement Plan Services.

Employee Contributions

Amount of Employee Contributions

You may elect to make a monthly contribution to the Program in the amount of \$20, \$40, \$60, \$80, \$100, \$120, \$140 or \$160. Contributions are made on an after-tax basis through payroll deductions and are deposited in the Employee Account Plan.

Changing Your Rate of Contributions

In any month you may:

- Increase or decrease the amount of your monthly contribution to the Employee Account Plan; or
- Suspend or reinstate your contribution to the Employee Account Plan.

Any change will take effect as soon as practicable after notification to JPMorgan Retirement Plan Services.

Company Matching Amounts

The company will credit you with an amount equal to two times the amount of your monthly contribution, up to a maximum monthly company contribution of \$160. The company matching amount is credited to the Company Account Plan.

Retiree Medical Savings Program

Accounts

Establishment of Accounts

When you become a participant in the Program, an Employee Account will be established for you in the Employee Account Plan. All contributions you make to the Program will be credited to your Employee Account.

A Company Account will be established for you in the Company Account Plan. All company matching amounts will be credited to your Company Account.

Investment of Accounts

Employee contributions are paid each month to the trustee of the Employee Account Plan for investment in a trust fund. These amounts are invested in a diversified pool of fixed-income investments. Employee Accounts are credited each month with the return earned on the trust fund investments.

The company matching amounts are not invested in a separate trust fund, but are credited to your Company Account each month. These amounts will be paid directly by the company out of its general assets at the time Program benefits are payable. Your Company Account will be adjusted each month using the same rate of return as the Employee Account Plan's trust fund.

Valuation of Accounts

The Employee Account and the Company Account are valued as of the end of each calendar month.

The value of your Employee Account in the separate trust is equal to the amounts you contribute to the Program, plus any adjustments to reflect increases or decreases in the market value of the trust investments.

Under the Program the value of your Company Account is equal to the company contribution amounts credited to you and adjusted to reflect the investment gain or loss that the amounts would have received if invested in the Employee Account Plan's trust fund.

Statement of Accounts

You will receive a quarterly statement of your accounts in the Program. This statement will set forth the value of your accounts as of the valuation date and will show the savings and investment activity of your accounts.

Retiree Medical Savings Program

Distribution From Your Accounts After You Terminate Employment

If Eligible to Participate in a Company Retiree Medical Plan at Termination

If you terminate employment with the company, and you are eligible to participate in a company-sponsored retiree medical plan when you terminate employment, the amounts in your RMSP Employee and Company Accounts may be used to reimburse the following expenses:

- Contributions for your or your spouse's International Paper or other group retiree medical coverage;
- Premium payments for your, your spouse's or your eligible dependent's Medicare coverage (reimbursable on an annual basis only);
- COBRA payments for the continuation of your or your spouse's International Paper or other group medical coverage; and
- Premium payments for your, your spouse's or your eligible dependent's personal medical coverage, including Medicare supplement policies, regardless of whether or not the personal medical coverage is designated as "post-retirement" or "retiree" medical coverage.

If you are an active employee with the company, you may not utilize the amounts in either the Employee Account or the Company Account.

The RMSP does not consider all medical contributions and premiums eligible for reimbursement. The following are just a few examples of expenses that are not eligible for reimbursement under the Program:

- Contributions for active group medical coverage sponsored by your or your spouse's employer (regardless of whether you or your spouse is covered as the employee or as the spouse);
- Premiums for long-term care insurance policies;
- Premiums for specialty medical policies, such as cancer policies and income-replacement policies.

Applying for a Distribution

If you participate in the company's retiree medical plan and have your retiree medical contributions deducted from your pension check, reimbursements will be made automatically on a monthly basis. No action is required on your part.

If your retiree medical contributions are not deducted from your pension check, reimbursements are not automatic. To receive a reimbursement from your account, contact the savings plan service center for a reimbursement/distribution form and then submit the documentation noted below:

- Medicare Part B Premiums – You will be reimbursed annually for Medicare Part B premiums. In order to be reimbursed you will need to send the savings plan service center a copy of the annual Social Security statement applicable to you, your spouse and/or your eligible dependent(s). Your request for reimbursement/distribution must be submitted and received by JPMorgan Retirement Plan Services within 15 months from the date of the annual Social Security statement.
- Other Covered Retiree Medical Premiums (including IP retiree medical premiums that are not deducted from your pension check) – You may request reimbursement as often as monthly. Each reimbursement requested will require a premium statement or other acceptable receipt from the insuring company or from the employer sponsoring the retiree medical coverage. Examples of acceptable proof include a premium statement from the insurance company or sponsoring employer or a pension check stub indicating a retiree medical deduction. Your request for reimbursement/distribution must be submitted and received by JPMorgan Retirement Plan Services within 15 months from the date of the premium statement or pension check stub.

Important Note – Distributions from the Program will be made proportionately from your Employee Account and from your Company Account. Lump-sum distributions from either account are not available to retirees.

Retiree Medical Savings Program

If Not Eligible to Participate in a Company Retiree Medical Plan at Termination

If you terminate your employment with International Paper before you are eligible to participate in an International Paper retiree medical plan, the value of your RMSP Employee Account balance and earnings thereon will be paid to you in a lump sum, and the value of your RMSP Company Account will be forfeited.

Following your termination of employment, you may request a distribution of your RMSP Employee Account. If you do not make a request, you will automatically receive a distribution as part of the RMSP quarterly distribution process.

Distribution From Your Accounts – Other Events

Death Prior to Eligibility for an International Paper Retiree Medical Plan

In the event of your death before you are eligible to participate in an International Paper retiree medical plan, the value of your Employee Account will be paid to your beneficiary as soon as practicable. Your Company Account will be forfeited.

Death After Eligibility for an International Paper Retiree Medical Plan

In the event of your death after you become eligible to participate in an International Paper retiree medical plan, whether or not you had terminated employment with the company, your accounts will be distributed as described in the following paragraphs, based on whether or not you have an eligible dependent at the time of your death.

An eligible dependent means:

- Your spouse;
- Your unmarried dependent children under age 19;
- Your unmarried dependent children ages 19 to 25 if full-time students enrolled in and attending an accredited secondary school, college, university or school of nursing; and
- Your unmarried dependent children who are physically or mentally incapable of self-support and who are disabled as defined by the company's core medical plans.

Important Note – Expenses incurred by a domestic partner, or the children of a domestic partner, are not eligible for reimbursement under the Program.

If you do not have eligible dependents at the time of your death, the value of your Employee Account will be paid to your designated beneficiary as soon as practicable. Your Company Account will be forfeited.

If you do not designate a beneficiary, or if your designated beneficiary is not living at the time of your death, payment will be made to your estate.

If you have one or more eligible dependents at the time of your death, your dependent(s) may use the amounts in your Accounts to reimburse for the medical expenses outlined in the Covered Expenses section. Your dependents must file an authorization form with JPMorgan within 60 days of the date JPMorgan is notified of your death in order to allow reimbursement from the Program. If dependent retiree medical coverage terminates for any reason, any amount remaining in the Employee Account will be paid to your designated beneficiary. Any amount remaining in the Company Account will be forfeited.

In the event of your death, if your dependents do not use your accounts to reimburse covered expenses, the value of your Employee Account will be paid to your designated beneficiary as soon as practicable. Your Company Account will be forfeited.

Retiree Medical Savings Program

Federal Income Tax Information

Under current federal income tax law, the following tax consequences apply to amounts credited to or distributed from your Accounts under the Program.

Your employee contributions are made to the Employee Account on an after-tax basis. Earnings credited to your Employee Account are not taxable to you while in the trust fund.

Under the Program, matching company amounts credited to the Company Account and the monthly adjustments to this account do not result in taxable income to you.

Any amounts in the Employee Account and the Company Account which are used for the reimbursement of covered expenses under the Program will not result in taxable income to you or to your eligible dependents.

If you terminate your employment with the company and receive payment of your Employee Account, the amount of your after-tax contributions to the Program will not be subject to tax. Any earnings which you receive from your Employee Account will be taxable income and reported in a W-2 form and may not be rolled over into a tax-qualified Individual Retirement Account (IRA) or any other tax-qualified plan.

If your designated beneficiary receives the value of your Employee Account because of your death, the amount of your after-tax contributions to the Program will not result in taxable income to your designated beneficiary. Any earnings which are distributed from your Employee Account will result in taxable income to your designated beneficiary and reported in a W-2 form and may not be rolled over into a tax-qualified IRA or other tax-qualified plan.

General Administration of the Plans

This booklet is the summary plan description of the International Paper Company Retiree Medical Savings Program — Employee Account Plan and the International Paper Company Retiree Medical Savings Program — Company Account Plan. The Plans pertain to applicable employees and meet the requirements of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The actual terms and conditions of these benefit plans are set forth in two separate plan documents. These plan documents govern the operation of the Retiree Medical Savings Program. If there is any conflict between the information in this summary and the provisions of the Plans, the plan documents always will control.

Sponsor of the Plans

The Plans described in this booklet are sponsored by:

International Paper Company
6400 Poplar Avenue
Memphis, TN 38197
901-419-9000

ERISA Classification

The Program consists of two welfare benefit plans which meet the requirements of ERISA.

The Employee Account Plan, taken with its separate trust, constitutes a voluntary employees' beneficiary association under Section 501(c)(9) of the Internal Revenue Code. This arrangement commonly is referred to as a VEBA.

Plan Names

The official names of the two plans comprising the Retiree Medical Savings Program are:

- International Paper Company Retiree Medical Savings Program — Employee Account Plan; and
- International Paper Company Retiree Medical Savings Program — Company Account Plan.

Retiree Medical Savings Program

Employer Identification and Plan Numbers

The plan number assigned to the Employee Account Plan is 688; the plan number assigned to the Company Account Plan is 689. The Internal Revenue Service has assigned the employer identification number **13-0872805** to International Paper. If you need to correspond with a governmental agency about either Plan, use these numbers along with the plan name and company name.

Plan Administrator

The administration of the Plans is the responsibility of the plan administrator, who is:

Director, Global Compensation and Benefits
International Paper Company
6400 Poplar Avenue
Memphis, TN 38197
901-419-9000

The plan administrator is a fiduciary under the Program. The plan administrator is responsible for maintaining accurate employee contribution, company contribution and service records and ensuring that all reports and disclosures are made as required by law. The plan administrator does not receive any compensation paid from the assets of the Program.

Day-to-day operation of the Program is managed by the benefits department at the operational headquarters in Memphis, Tennessee, under the supervision of the plan administrator.

Fees and Administrative Costs

Brokerage fees, transfer taxes and other expenses connected with the purchase, sale or transfer of investments in the Employee Account Plan are paid by the trust. Other administration costs of the Program are paid either by the trust, in the case of the Employee Account Plan, or the company, as determined by the plan administrator.

Management of Assets

The International Paper Vice President – Investments is the financial officer of the Employee Account Plan and is a named fiduciary under the Employee Account Plan. The financial officer is responsible for management of the assets of the Employee Account Plan. All assets of the Employee Account Plan are used for the exclusive benefit of Program participants and their beneficiaries. The financial officer does not receive any compensation paid from the assets of the Employee Account Plan.

Trustee

State Street Bank and Trust Company has been appointed as trustee of the assets of the Employee Account Plan. The trustee holds all employee contributions to the Employee Account Plan and earnings on such contributions and maintains the trust for the exclusive benefit of Program participants and their beneficiaries.

You may contact the trustee at:

State Street Bank and Trust Company
225 Franklin Street
Boston, MA 02101

Plan Records

Records for the Plans are kept on a plan year basis, which begins on January 1 and ends on December 31.

Recordkeeper

JPMorgan is the recordkeeper for the Program. The recordkeeper maintains all account information and handles the day-to-day participant transactions.

You may contact the recordkeeper by calling JPMorgan at 800-345-2345. JPMorgan Retirement Plan Services representatives can answer your questions weekdays between 7 a.m. and 7 p.m. Central Time. The TDD number for those with a hearing impairment is 800-345-1833.

Retiree Medical Savings Program

Amendment and Termination

The company reserves the right to amend or terminate the Program, subject to collective bargaining (if applicable), at any time, provided that under no circumstances shall any moneys received by the trustee as contributions under the Employee Account Plan or income from the Employee Account Plan be devoted to any use other than for the exclusive benefit of participants in the Program and their beneficiaries. You will be notified of any important changes.

Collective Bargaining Agreements – Union Employees Only

The Plan is maintained under a collective bargaining agreement. A copy of such agreement may be obtained by participants upon written request to the plan administrator and is available for examination by participants at various work locations.

Claim Review

A participant or beneficiary (or the authorized representation of said individual) may file a written claim for benefits with the plan administrator. If your claim for benefits from the Program is denied, you will be provided a full, written explanation by the plan administrator. This explanation will describe the reasons for the denial; the additional material or information necessary to re-evaluate the claim and an explanation of why this material is needed; a description of the Program's claim review process; and a statement that you have the right to bring a civil action under section 502(a) of ERISA if your claim is denied on review.

Generally, you will receive this explanation within 90 days after you file your claim for benefits, although the plan administrator can extend the period of consideration to 180 days. If this is done, you will be notified of the extension, the reason for the extension and the date by which the plan administrator expects to render a decision. In the event your claim is denied, in whole or in part, you will have 60 days to request a review of your denied claim. The plan administrator will review your claim and make a final decision within 60 days after receiving your request. This period may be extended to 120 days, if necessary. A written explanation of the decision will be sent to you.

If your benefit claim is denied on review, the explanation will describe the reasons for the denial and will include a statement that you have the right to bring a civil action under Section 501(a) of ERISA. The Program provides that the plan administrator has authority and discretion to interpret the Program and to determine all disputes under the Program, and that the plan administrator's decision shall be final, conclusive and binding on the Program, the Company, the participant and any other person claiming an interest in the Program.

Agent for Service of Legal Process

Any legal process against the Program may be served upon the plan administrator and/or the trustee of the Program. Legal process may also be served on CT Corporation, the Company's registered agent.

Retiree Medical Savings Program

Your ERISA Rights

As a participant in the International Paper Company Retiree Medical Savings Program, you are entitled to certain rights and protections under ERISA. ERISA provides that all participants shall be entitled to the following.

Receive Information About Your Plan and Benefits

- You may examine, without charge, at the plan administrator's office and at other specified locations, such as work sites, all documents governing the Plan, including insurance contracts and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- You may obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts, collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The plan administrator may make a reasonable charge for the copies.
- You may receive a summary of the Plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other plan 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 copies of 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 a copy of plan documents or the latest annual report from the Plan 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 you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which 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 Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court. If it should happen that plan fiduciaries misuse the Plan'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 your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest offices of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the 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.

Retiree Medical Savings Program

Notice on Privacy of Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The plan in which you participate is required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), a federal law, to protect the privacy of your individual health information maintained by the Plan ("Protected Health Information"). In addition, you have certain rights relating to such Protected Health Information. The HIPAA privacy protection and rights described in this notice also apply to your dependents participating in the Plan.

Use and Disclosure of Protected Health Information for Treatment, Payment and Health Care Operations

The Plan is permitted to use and disclose your Protected Health Information, without your authorization, for treatment, payment, and health care operations purposes.

For treatment purposes, such use and disclosure may take place in providing, coordinating, or managing health care and its related services by one or more of your providers, such as when your primary care physician consults with a specialist regarding your condition.

For payment purposes, such use and disclosure may take place when your health care provider submits health information to the Plan's claim administrator for payment. The Plan may also use and disclose health information in conferring with other health plans to resolve a coordination of benefits issue, assisting in making eligibility and coverage determinations, or for utilization review activities.

For health care operations purposes, such use and disclosure may take place in a number of ways involving plan administration, including quality assessment, vendor review, and underwriting activities.

Use and Disclosure of Protected Health Information for Involvement in Your Care and for Notification Purposes

The Plan may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you, your Protected Health Information that is directly relevant to such person's involvement with your health care or payment related to your health care.

In addition, the Plan may use or disclose your Protected Health Information to notify a member of your family, your personal representative, or another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death.

If you are incapacitated, if there is an emergency, or if you otherwise do not have the opportunity to agree to or object to this use or disclosure, the Plan will determine what is in your best interest and will use or disclose only the information that is directly relevant to the person's or agency's involvement with your health care.

Use and Disclosure of Protected Health Information for Other Reasons

The Plan may be permitted or required to use or disclose Protected Health Information for certain other reasons, without your authorization, such as when required by law or for public health purposes. These reasons are specified in the HIPAA regulations, and include the following:

- Disclosures to an appropriate government authority regarding victims of abuse, neglect or domestic violence,
- To a health oversight agency for oversight activities authorized by law,
- In connection with judicial and administrative proceedings,
- To a law enforcement official for law enforcement purposes,
- To a coroner, medical examiner, or funeral director,
- To cadaveric organ, eye or tissue donation programs,
- For research purposes, as long as certain privacy-related standards are satisfied,
- To avert a serious threat to health or safety,

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- For specialized government functions (e.g., military and veterans activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations), and
- For workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.

In addition, your health information can be used to provide you information about treatment alternatives or other health-related benefits and services available under the Plan.

Use and Disclosure of Protected Health Information to International Paper

The Plan may disclose your Protected Health Information to International Paper as the plan sponsor in connection with the operation and administration of the Plan. International Paper has designated a limited number of employees who are the only ones permitted to access and use your Protected Health Information for certain Plan functions, including the determination of claim appeals, the audit of payments under the Plan and the reconciliation of plan utilization and cost.

When appropriate, the Plan may share two types of Protected Health Information with other International Paper employees:

- Enrollment/disenrollment data – information on whether you participate in the health plan or whether you have enrolled or disenrolled from a Plan option (e.g., HMO), and
- Summary health information – summaries of claims from which names and other identifying information have been removed.

Authorization to Use or Disclose Protected Health Information

Other uses and disclosures of your Protected Health Information will be made only with your written authorization. Authorizations are voluntary, require the filing of an authorization form and may be revoked by you in writing at any time to stop any future uses and disclosures. You may request the authorization, for example, to direct the Plan to release your health information as medical evidence in your filing of a disability claim, or the Plan may request that you make an authorization, for example, for a claims research project involving International Paper's employees.

Individual Rights Relating to Protected Health Information

You have the right to request the following with respect to your Protected Health Information: (i) inspection and copying; (ii) amendment or correction; (iii) an accounting of disclosures of this information by the Plan, excluding disclosures made for payment, treatment or health care operations, or disclosures made pursuant to your written authorization. All requests must be made in writing, and you will receive a response to your request, including specific reasons if your request is denied, in whole or in part.

You may request the Plan restrict uses and disclosures of your Protected Health Information for treatment, payment, and health care operations. You may also request the Plan restrict uses and disclosures to family members, relatives, or other persons who may be involved in your health care or payment for your health care. For example, you may want to restrict the physician providing a second medical opinion from consulting with your treating physician or you may want to restrict disclosures to family members in the case of divorce. The Plan will consider your request but is not required to agree to your request for restriction. Any restriction agreed to by the Plan will not apply if the use or disclosure is necessary to provide you with emergency treatment. Further, the Plan generally will not agree to restrictions on disclosures relating to treatment, payment and health care operations. All requests for restriction must be made in writing, and you will receive a response to your request.

Retiree Medical Savings Program

You have the right to request in writing that you receive your Protected Health Information by alternative means or at an alternative location and the Plan will accommodate reasonable requests if the normal method of communication could endanger you.

You have the right to obtain a paper copy of this notice at any time, upon request.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the HelpLine at 1-800-443-6308. You may also send a written complaint to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. International Paper may not retaliate against you for filing a complaint.

Additional Information

Requests to access, amend or restrict Protected Health Information, to obtain an authorization form or to obtain further information should be directed to:

Employee Service Center
P.O. Box 563989
Charlotte, NC 28256-3989
1-888-ESC-2YOU (1-888-372-2968)

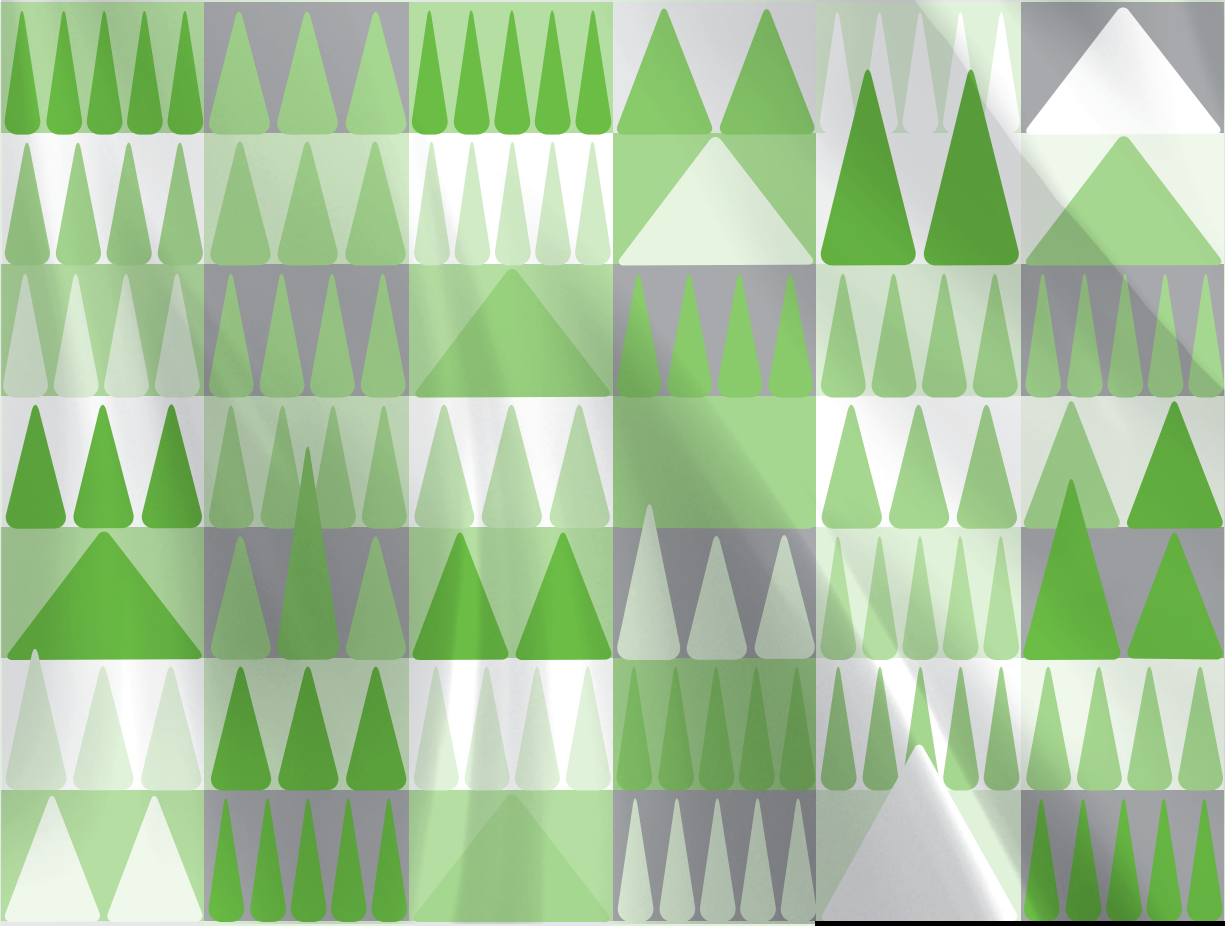
Retiree Service Center
P.O. Box 7870
Ocala, Florida 34478-7870
1-888-ESC-2YOU (1-888-372-2968)

You may also contact a JPMorgan Retirement Plan Services representative at 800-345-2345.

The Plan may charge you for requested copies of your health information or for summaries of such information.

The Plan reserves the right to change its privacy policies at any time. Before any significant change is made, you will receive a new notice by mail.

The Plan is required by law to protect individual health information about you, to provide this notice about its information practices, and to follow the information practices described in this notice.



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International Paper
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