

NECA-IBEW LOCAL NO. 364

FRINGE BENEFIT FUNDS

NECA-IBEW Local No. 364 Health & Welfare Fund
NECA-IBEW Local No. 364 Defined Contribution Pension Plan
NECA-IBEW Local No. 364 Vacation Fund
NECA-IBEW Local No. 364 Supplemental Unemployment Benefit Plan

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

January 2008

RE: **Loss of Time / Disability Wage Processing**

Dear Participant,

As you are aware, TIC International Corporation assumed the duties of claim processing for the NECA-IBEW Local No. 364 Health & Welfare Fund, effective January 1, 2008.

Enclosed please find your current Loss of Time / Disability Wage compensation check. These will now be processed every two (2) weeks, rather than weekly in an effort to provide you with your compensation for an extended period of time, and ease the process for you.

Also enclosed please find a new Loss of Time Claim Form / Application. This form will be required for all future recertifications, and you will be notified by our office when this form will be due in advance, to prevent any interruption of your payment. We have also enclosed a self-addressed envelope to assist you when mailing in the new form.

If you wish to have future compensation Directly Deposited into your bank account, please complete the enclosed authorization form and return it to the Fund Office in the enclosed envelope.

If you have any questions regarding your Loss of Time claim, medical claims, or eligibility inquiries please feel free to contact the Fund Office at:

NECA- IBEW Local No. 364 Health & Welfare Fund Office
6525 Centurion Drive
Lansing, Michigan 48917
(517) 321-7502
(877) 364-4239- Toll Free
(517) 321-7508 FAX

However, if you have additional questions regarding your Health & Welfare Plan, you may also contact Robin Perez, Benefits Coordinator at the Local Union Office. Her phone number is (815) 398-6282.

We look forward to servicing you and the other participants of the Fund.

Sincerely,

The Fund Office Medical Claims Department for the
NECA-IBEW LOCAL No. 364 HEALTH & WELFARE FUND

6525 Centurion Drive
Lansing, MI 48917-9275
(877) 364-4239 Toll Free • (517) 321-7508 FAX

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I (we) hereby authorize the NECA-IBEW Local 364 Health and Welfare Fund to directly deposit Loss of Time Compensation into the designated Financial Institution and Account indicated below. This authority remains in effect until all applicable payment of benefits have been exhausted in accordance with the Plan Guidelines of the Fund, or the Fund Office receives written notification from me to cease the direct deposit of compensation. I also understand that if all required medical documentation is not submitted to the Fund Office by the due date indicated, continued Direct Deposit compensation may be interrupted until it is received.

CONTACT INFORMATION

Name(s) on Account: _____

Daytime Phone #: () _____ Other Phone #: () _____

Address: _____

Other Address: _____

Member Social Security Number: _____

Member Signature: _____ Date: _____

Alternate Signature if Joint Account*: _____ Date: _____

*If more than one name appears on the account to be credited, both parties must sign the authorization form.

REQUIRED FINANCIAL INSTITUTION INFORMATION

(A Voided Check or Savings Deposit Slip must accompany this form)

Name of Financial Institution: _____

Account Type (select one): Checking _____ Savings _____

Account Number : _____

Transit Routing Number: _____

(This number is located in the lower left corner of your check)

PLEASE NOTE: UNTIL COMPLETED FORMS ARE RECEIVED BY THE FUND OFFICE, LOSS OF TIME COMPENSATION WILL BE IN CHECK FORM. PAYMENTS WILL BE DIRECTLY DEPOSITED INTO YOUR DESIGNATED ACCOUNT UPON RECEIPT OF THE COMPLETED PAPERWORK THEREAFTER TWICE MONTHLY.

PLEASE RETURN YOUR COMPLETED FORM WITH A VOIDED CHECK OR SAVINGS DEPOSIT TICKET TO THE ADDRESS LISTED BELOW:

**NECA-IBEW Local 364 Health and Welfare Fund
6525 Centurion Drive
Lansing, Michigan 48917-9275
Toll Free: 877-364-4239
(517) 321-7508**

FOR OFFICE USE ONLY

Deposit Effective Date: _____ Weekly Amount: \$ _____