

NECA-IBEW LOCAL NO. 364 RETIREE HEALTH REIMBURSEMENT PLAN

ELECTION FORM

Participant Name: _____

Address: _____

Member ID or SS#: _____

The Trustees have established the NECA-IBEW Local No. 364 Retiree Health Reimbursement Plan (the "Plan") as a benefit program under the NECA-IBEW Local No. 364 Supplemental Unemployment Benefit Plan (the "SUB Plan").

The Plan is described in the Summary of Material Modification ("SMM") which updates the Summary Plan Description for the SUB Plan. By completing and filing an election as a Retired Employee and eligible Participant in the Plan, you acknowledge receipt of the SMM, and your understanding of the benefits available to you under the Plan as well as your rights and obligations under the Plan.

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Upon execution of this form, I understand that the Plan will:

- pay a portion of my health insurance premiums which are required under the NECA-IBEW Local No. 364 Health Care Plan ("Health Plan") as Qualifying Medical Care Expenses;
- transfer the individual account established and maintained on my behalf under the SUB Plan as a Rollover Contribution to the Plan;
- maintain the Rollover Contribution as a Qualifying Medical Care Expense Account pursuant to the terms and provisions of the Plan;
- reduce the Qualifying Medical Care Expense Account by payments for Qualifying Medical Care Expenses; and
- treat each payment of Qualifying Medical Care Expenses under the Health Plan as a reimbursement made pursuant to a claim for reimbursement.

This election is subject to the terms of the Plan and the SUB Plan, as amended from time to time, and shall be governed by and construed in accordance with applicable laws.

Participant signature

Date _____

Accepted and agreed to by the
Authorized Plan Representative.

By: _____

Date _____