SPECIAL PARTICIPANT SERVICES REQUEST FORM

This Form is intended to allow plan participants obtain special services that would otherwise not be available to them. These services include obtaining copies of plan documents, or to get certain technical question about their plan answered. Completed forms may be scanned and emailed to benefits@ebspension.com, faxed to (570) 223-6815, or mailed to Employee Benefit Systems, Inc. at PO Box 609 in Kresgeville, PA 18333-0609.

REQUEST MADE BY

Employer's Name:_____

Plan Name:_____

Participant Name:_____

Social Security Number:_____ Date of Birth:_____

Participant Email Address:_____

Participant Phone:_____ Participant Fax:_____

Participant's Home Address:_____

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SPECIAL SERVICE REQUEST

It is our intention to provide our reply within 5 business days. We must note, however, that during "tax season" and immediately preceding deadlines that apply for qualified plans, this service may be temporarily suspended. Finally, if any requested requires mailing of materials, a pre-paid fee will be required. This will be defined upon our receipt of the request.

(   ) Please email me a copy of our Plan's most recent Summary Plan Description.

(   )   I request that EBS email me a copy of (define document desired) _____

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(   ) Please mail me a written statement of my current benefit entitlement. This item will be a signed letter on EBS stationary which provides an explanation of benefits held, and the value of these benefits. This request **must be mailed** to Employee Benefit Systems, Inc. at PO Box 160, Analomink, PA 18320-0160; **AND must include your check** for $35 payable to Employee Benefit Systems, Inc. Requests received without payment will not be processed.

(   )   I request that EBS answer the following question. I understand that questions related to status of services currently in processing shall not be replied to, and that EBS reserves the right to not answer any question. If EBS decides to not answer a question, there will be NO notice or explanation of this decision. Agreeing with such, my question is:

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Participant Special Request Form.wpd