

IBEW LOCAL NO. 9 FRINGE BENEFIT FUNDS

IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Fund
IBEW Local No. 9 and Line Clearance Contractors 401(k) Retirement Fund

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

June 2009

Si Quires Copias De Estas Formas y Reportes Anuales Por Favor Llamen Al Administrator Del Plan a Este Numero (517) 321-7502 y Prequntar Que Quiere Hablar Que Quiere Hablar Con Algien Que Habla Español.

To: ALL PLAN PARTICIPANTS, BENEFICIARIES AND ALTERNATE PAYEES OF THE
IBEW LOCAL NO. 9 AND LINE CLEARANCE CONTRACTORS FRINGE BENEFIT FUNDS

Dear Plan Participants:

We have attached the following Important Notices and Annual Reports for your review:

- June 30, 2008 Summary Annual Report for the Health & Welfare Fund Pages 2-3
- Notice of Privacy Practices Page 4
- Notice concerning Women's Health and Cancer Rights Page 5
- Summary of Material Modifications for the Retirement Fund Pages 6 - 8
- June 30, 2008 Summary Annual Report for the Retirement Fund Pages 9 - 10

If you have any questions about the information contained in these Notices, please do not hesitate to contact the Fund Office.

Sincerely,

Boards of Trustees

**TO: PLAN PARTICIPANTS OF THE IBEW LOCAL NO. 9 AND LINE CLEARANCE
CONTRACTORS HEALTH & WELFARE FUND**

RE: JUNE 30, 2008 SUMMARY ANNUAL REPORT

Dear Plan Participant:

This is a summary of the Annual Report for IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Fund, EIN 36-3332983, for the Plan Year ended June 30, 2008. The Annual Report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has a contract with Blue Cross Blue Shield of Illinois and terminated a contract with Lafayette Life Insurance Company to pay large deductible stop loss insurance and life and accidental death and disability claims incurred under the terms of the plan. The total premiums paid for the policy years ending February 28, 2008 and December 31, 2007 were \$217,649 and \$5,950 respectively.

Because one contract is a so-called "experienced-rated" contract, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the policy year ending February 28, 2008, the premiums paid under such "experienced-rated" contract was \$3,098,054 and the total of all benefits claims under this experienced-rated contract during the policy year was \$2,666,739.

Basic Financial Statement

The value of Plan Assets, after subtracting Liabilities of the Plan was \$11,153,194 as of June 30, 2008, compared to \$7,940,740 as of July 1, 2007. During the Plan Year, the Plan experienced an increase in its net assets of \$3,212,454. This increase included unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$7,705,066 including, but not limited to, employer contributions of \$7,411,004, participant contributions of \$24,879, realized losses of \$51,112 from the sale of assets, and earnings from investments of \$320,295.

Plan expenses were \$4,492,612. These expenses included \$150,213 in administrative expenses and \$4,342,399 in benefits paid to participants and beneficiaries.

Your Rights to Additional Information

You have the right to receive a copy of the full Annual Report, or any part thereof, on request. The items listed below are included in that Report:

1. an auditors' report;
2. financial information and information on payments to service providers;
3. assets held for investment;

4. transactions in excess of 5 percent of plan assets; and
5. insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full Annual Report, or any part thereof, write or call TIC International Corporation, the plan administrator, at 6525 Centurion Drive, Lansing, Michigan 48917 (517) 321-7502. The charge to cover copying costs will be \$7.25 for the full Annual Report or \$.25 per page for any part thereof.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the Assets and Liabilities of the Plan and accompanying notes or a statement of Income and Expenses of the Plan and accompanying notes, or both. If you request a copy of the full Annual Report from the Plan Administrator, these two statements and accompanying notes will be included as part of that Report. The charge to cover the copying costs given above does not include a charge for the copying of these portions of the Report because these portions are furnished without charge.

You also have the legally protected right to examine the Annual Report at the main office of the Plan at 6525 Centurion Drive, Lansing, Michigan 48917 and the U. S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to: Public Disclosure Room, N1513, Employee Benefits Security Administration, U. S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Sincerely,

BOARD OF TRUSTEES
IBEW LOCAL NO. 9 AND LINE CLEARANCE
CONTRACTORS HEALTH & WELFARE FUND

To: All Eligible Participants of the IBEW Local No. 9 and
Line Clearance Contractors Health & Welfare Benefit Fund

Re: **NOTICE OF PRIVACY PRACTICES**

Dear Participant:

This Notice is intended to confirm that the IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Benefit Fund complies with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations. The law restricts the use and disclosure of the nonpublic “protected health” information of the employee and their dependents (if applicable), with regard to your group health plan benefits. This information generally can only be disclosed by the Fund and its vendors, and your health care provider/s, for payment of claims, treatment of your illness, and for health care operations including administration of your health benefits, as permitted by law and defined in the HIPAA regulations.

For a complete copy of the Fund’s Notice of Privacy Policy, please call or write the Fund Office at the address or telephone number listed on this notice.

If you have any questions regarding this information, please contact the Fund Office.

Sincerely,

BOARD OF TRUSTEES
IBEW LOCAL NO. 9 AND
LINE CLEARANCE CONTRACTORS HEALTH & WELFARE FUND

**TO: PLAN PARTICIPANTS OF THE IBEW LOCAL NO. 9 AND
LINE CLEARANCE CONTRACTORS HEALTH & WELFARE FUND**

RE: WOMEN'S HEALTH AND CANCER RIGHTS

Dear Plan Participant:

Due to changes in Federal law, the Trustees of your Health and Welfare Benefit Fund are issuing this annual notice in compliance with the Women's Health and Cancer Rights Act of 1998. Your Health and Welfare Benefit Fund already provides the benefits required by this new law. You have a right to this Notice, and the Trustees are providing the Notice for your information so that you may be assured that you are treated in accordance with Federal law if the need arises.

Federal law requires that all health care plans that provide medical and surgical benefits for mastectomies provide Participants and Beneficiaries receiving mastectomy benefits with mastectomy-related breast reconstruction benefits. Federal law now requires mastectomy-related breast reconstruction benefits to include coverage for the following:

1. Reconstruction of the breast on which the mastectomy has been performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications of all stages of mastectomy including lymph edemas; in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan or coverage.

The Fund has provided coverage for mastectomies for a number of years. As part of this coverage, the Plan also covered the procedures necessary to effect reconstruction of the breast on which the mastectomy is performed, as well as the cost of prostheses and physical complications of all stages of mastectomy, including lymph edemas, as recommended by the attending physician of any patient receiving Plan benefits in connection with the mastectomy and in consultation with the patient. The Plan also covers any surgery and reconstruction of the other breast to achieve a symmetrical appearance.

Please keep this Notice with your Summary Plan Description. If you have any questions regarding these federal requirements, please contact the Fund Office.

Sincerely,

**BOARD OF TRUSTEES
IBEW LOCAL NO. 9 AND LINE CLEARANCE
CONTRACTORS HEALTH & WELFARE FUND**

**TO: PLAN PARTICIPANTS OF THE INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS LOCAL NO. 9 AND LINE CLEARANCE
CONTRACTORS 401(k) RETIREMENT PLAN**

RE: SUMMARY OF MATERIAL MODIFICATIONS

Dear Plan Participant:

This Notice is to inform you that the Trustees of the Retirement Plan (the "Plan") have amended the Plan. This Notice, known as a Summary of Material Modifications ("SMM") is an amendment to the Summary Plan Description ("SPD") that you received previously and describes important changes to the Plan. You should keep this SMM with your SPD for future reference.

The Trustees have recently made the following two changes regarding your Plan that you should be aware of:

- Effective March 2009, eligible Participants may elect to take a monthly distribution.
- Effective February 2, 2009, the Trustees approved two (2) valuations be performed to determine participant allocations. One valuation will be performed at the Plan Year end (June 30th) and the second (2nd) performed at the end of December. Lump Sum Payments would be determined on the Participant's Account Valuation as of each June 30th or December 31st.

You were previously notified of the following Plan Modifications. However, they are included for your review:

- Effective January 1, 2008, an Employee shall not be eligible to participate in the elective deferral option until he has completed five hundred (500) Hours of Service in any consecutive twelve (12) month period.
- On August 15, 2005, the way a designated beneficiary will be treated following divorce was changed. Previously, if you named your spouse as your beneficiary and then divorced, your ex-spouse would still be entitled to survivor benefits unless you changed the designation. Now, the designation of your ex-spouse will automatically end upon your divorce. If you want to keep your ex-spouse as your designated beneficiary, then you must give the Plan Administrator a new Beneficiary Designation Form that is dated after the date of divorce. Another way to name your ex-spouse as your beneficiary is to provide the Plan Administrator with a Qualified Domestic Relations Order that identifies your ex-spouse as your surviving spouse. A revised Beneficiary Designation Form is enclosed in this mailing.
- On June 30, 2005, the way an Involuntary Cash-Out may be paid was changed. Previously, the Plan may have made an Involuntary Cash-Out to a former Participant who had a vested accrued benefit of less than \$5,000.00. The Cash-Out was a single distribution of the entire account balance. Now, only if the entire vested accrued benefit is less than \$1,000.00, will the entire account balance be distributed to the former Participant as a single cash payment. If the vested accrued benefit is between \$1,000.00 and \$5,000.00, then the entire account balance

will be directly rolled over to an Individual Retirement Account (“IRA”). The IRA account will be set up in the Participant’s name at a bank or other financial institution chosen by the Plan Administrator.

- On May 17, 2005, the definition of “Leaving the Trade” was changed so that an employee can choose to leave the trade permanently, even after reaching Normal Retirement Age. Previously, an employee could choose to leave the trade permanently only if he had not yet reached Normal Retirement Age. Like before, an employee must fill out the Plan Administrator’s form Affidavit of Leaving the Trade. Forms are available at the Fund Office at the address listed below.
- For distributions made on or after November 11, 2002, the Trustees may withhold an amount equal to twenty percent (20%) of a Participant’s Account Balance based on the expected valuation of the account. The remaining total of the Participant’s account will be distributed as soon as administratively feasible after the final valuation for the Plan Year.
- Effective January 1, 2002, a Participant, Surviving Spouse and former spouse designated as an Alternate Payee by a Qualified Domestic Relations Order, who are eligible for a distribution, can make a direct rollover to 1.) a qualified employer plan, or 2.) a Section 457 plan which accepts rollovers, or 3.) an individual retirement account or annuity (IRA), or 4.) a Section 403(a) qualified annuity or to a Section 403(b) tax-sheltered annuity.
- Hardship Withdrawals are permitted on a Participant’s 401(k) Account Balance. For further information regarding Hardship Withdrawals, please contact the Pension Department at the Fund Office at the address listed below.
- Effective July 1, 2000, the Trustees approved an Expense Allocation of \$50.00 that will be applied yearly on June 30th to each Participant’s Account. The purpose of this charge is to create a reserve for administrative expenses. If your account balance is greater than \$50.00 at the end of the Plan Year, this annual service fee will be applied back to your account. Typically, more than \$50.00 is reapplied to your account. This charge will stay in the Fund and does not represent an increase in the service fees charged to the Plan.

Please be advised that the Board of Trustees for the Benefit and Retirement Funds as of the date of this notification are as follows:

Management Trustees:

Larry Gauger, *Secretary*
Asplundh Tree Expert Co.
7942 South Madison Street
Burr Ridge, IL 60527-5806

Union Trustees:

Bob Pierson, *Chairman*
IBEW Local No. 9
4415 West Harrison Street, Suite 330
Hillside, IL 60162-1900

John Burkard
IBEW Local No. 9
4415 West Harrison Street, Suite 330
Hillside, IL 60162-1900

Robert Cook
3733 Pine Road
Shullsburg, WI 53586

Craig Nolan
12425 Vanderberg Place
Crown Point, IN 46307

Robert Spychalski
2402 Sand Lake Road
Lindenhurst, IL 60046

Sincerely,

BOARD OF TRUSTEES
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL NO. 9 AND LINE CLEARANCE CONTRACTORS 401(k) RETIREMENT PLAN

**TO: PLAN PARTICIPANTS OF THE INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS LOCAL NO. 9 AND LINE CLEARANCE
CONTRACTORS 401(k) RETIREMENT PLAN**

RE: JUNE 30, 2008 SUMMARY ANNUAL REPORT

Dear Plan Participant:

This is a summary of the Annual Report for the International Brotherhood of Electrical Workers Local Union No. 9 and Line Clearance Contractors 401(k) Retirement Plan, EIN 36-6519755, for the Plan Year ending June 30, 2008. The Annual Report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided by Trust.

Plan expenses were \$2,225,178. These expenses included \$200,956 in administrative expenses and \$2,024,222 in benefits paid to participants and beneficiaries. A total of 1,323 persons were participants in, or beneficiaries of, the plan at the end of the Plan Year, although not all of these persons had yet earned the right to receive benefits.

The value of Plan Assets, after subtracting Liabilities of the Plan, was \$29,509,757 as of June 30, 2008, compared to \$28,851,833 as of July 1, 2007. During the Plan Year, the Plan experienced an increase in its Net Assets of \$657,924. This increase included unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the Plan's Assets at the end of the year and the value of the Assets at the beginning of the year or the cost of Assets acquired during the year. The Plan had total income of \$2,883,102 including, but not limited to, employer contributions of \$3,189,243, other contributions of \$269,241, realized gains of \$218,950 from the date of assets, and earnings from investments of \$(800,328).

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. an auditors' report;
2. financial information and information on payments to service providers;
3. assets held for investment; and
4. transactions in excess of 5 percent of Plan Assets; and
5. information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call TIC International Corporation, the Plan Administrator, at 6525 Centurion Drive, Lansing, Michigan 48917, (517) 321-7502. The charge to cover copying costs will be \$6.25 for the full annual report or \$.25 per page for any part thereof.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the Assets and Liabilities of the Plan and accompanying notes, or a statement of Income and Expenses of the Plan and accompanying notes, or both. If you request a copy of the full Annual Report from the Plan Administrator, these two statements and accompanying notes will be included as part of that Report. The charge to cover the copying costs given above does not include a charge for the copying of these portions of the Report because these portions are furnished without charge.

You also have the legally protected right to examine the Annual Report at the main office of the Plan at 6525 Centurion Drive, Lansing, Michigan 48917 and the U. S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to: Public Disclosure Room, N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Sincerely,

BOARD OF TRUSTEES
IBEW LOCAL NO. 9 AND LINE CLEARANCE
CONTRACTORS 401(k) RETIREMENT PLAN