

1. An appearance in this proceeding is entered by claimant employee benefit plan (*name*):
2. Service on claimant may be made as follows
  - a. ☐ Attorney for claimant (*name, address, and telephone number*):
  - b. ☐ Other (*name, title, address, and telephone number*):
3. ☐ Claimant responds to the pleading on joinder and states that the allegations of the pleadings are
  - a. ☐ correct
  - b. ☐ incorrect as set forth in ☐ attachment 3b or ☐ as follows (*specify*):

Claimant

By \_\_\_\_\_  
(SIGNATURE)