



Employee Care Fund Payroll Deduction Agreement

Employee Name (Please Print)	Social Security Number	Date Completed
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I hereby authorize my employer Miller Pipeline Corporation to deduct \$_____each week to be contributed towards the Miller Pipeline/Reliant Services Employee Care Fund. The purpose of the Employee Care Fund is to provide Company employees with funds to aid in a personal crisis situation. This fund is managed by a committee comprised of employees throughout the organization. I understand that this contribution is not tax deductible and is deducted from my weekly gross wages on an after-tax basis. I further understand that I am making this contribution on a voluntary basis and that it will remain in full force and effect until I provide written notification to the payroll department to modify or terminate the deduction.

Employee Signature

Forward your completed form to the Payroll Department at: Miller Pipeline Corporation, P.O. Box 34141, Indianapolis, IN 46234, Attn: Payroll Department or fax to (317) 328-4561. Your deduction will begin the week after it is received by the payroll department.