

**ASSIGNMENT AND PLAN AGREEMENT**

**Medical Practice Income Plan**  
**TTUHSC School of Medicine**

I, \_\_\_\_\_ a Faculty/Provider of Professional Services at the Texas Tech University Health Sciences Center (TTUHSC) School of Medicine, as a condition of my employment by TTUHSC, hereby ASSIGN to the Medical Practice Income Plan (Plan) Trust Fund all fees charged by me for professional activities and patient care, except those exempted by the Plan.

I further AGREE that all electronic funds, monies received by me, or other accrued credits resulting from my professional activities will be promptly remitted to the School of Medicine MPIP Business Office. It is expressly understood that this Assignment and Plan Agreement (Assignment) does not apply to salary received from TTUHSC or to reimbursement of actual expenses incurred under the Plan.

Further, I AGREE to comply with the MPIP Bylaws.

This Assignment will terminate when my membership with the Plan ends.

As indicated by my spouse's signature below, if applicable, the undersigned joins this Assignment in acknowledging that such Assignment and Plan Agreement is binding upon the marital community pursuant to Chapter 3, Subchapter A of the Texas Family Code, i.e., §§3.002 & 3.003 *et seq.* as needed.

\_\_\_\_\_  
**CHAIR/REGIONAL CHAIR**                      *Date*

\_\_\_\_\_  
*(Printed Name)*

\_\_\_\_\_  
**MPIP FISCAL MANAGER**                      *Date*

\_\_\_\_\_  
*(Printed Name, if applicable)*

\_\_\_\_\_  
**FACULTY/PROVIDER**                      *Date*

\_\_\_\_\_  
*(Printed Name)*

\_\_\_\_\_  
**SPOUSE OF PROVIDER**                      *Date*

\_\_\_\_\_  
*(Printed Name, if applicable)*

\_\_\_\_\_  
**DEPARTMENT**

**TECH ID** \_\_\_\_\_