



NATIONAL FRATERNAL ORDER OF POLICE VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN MEMBER INFORMATION CHANGE FORM INSTRUCTIONS

General Information

Use this form to make changes to the following account information:

- Name
- Marital status
- Email
- Projected retirement year
- Survivor information
- Beneficiary designation

To notify ICMA-RC of an address change or to make investment allocation changes or fund transfers, go to www.rhsnfop.org or VantageLine (1-866-747-NFOP).

If you have changed employment, please complete the *NFOP RHS Plan Member Enrollment Form*.

Check the appropriate box at the top of the form to indicate whether your name change, email, and/or marital status change should be applied to your other ICMA-RC accounts. Retirement year, survivor and beneficiary changes will apply only to your NFOP RHS Member Plan account.

1. Personal Information

Complete this section carefully. Your RHS Division Number is available from your Lodge or ICMA-RC at 1-866-747-NFOP.

2. Name Change

Complete this section with your full new name. You must attach a copy of a legal document, such as a driver's license, showing your new name.

3. Personal Information Change

Use this section to indicate your current marital status or to change your email address.

You may also use this section to provide ICMA-RC with a new or revised projected retirement year. If you are participating in a Deferred Retirement Option Plan (DROP), indicate the year that you DROP period will end. If you are not participating in a DROP program, indicate your projected year of retirement. We use this information only to keep you informed of timing requirements for certain RHS Plan elections. ICMA-RC will not share this information.

4-6. Survivor/Beneficiary Information

Use sections 4 through 6 to change your Survivor and/or Beneficiary information. These designations will be applied only to your NFOP RHS Member Plan account.

You must provide your entire Survivor/Beneficiary designation on this form. Do not submit the changes only.

For primary and contingent beneficiaries, please indicate the percentage of the benefit you wish to designate for each individual.

Please read the important information below regarding survivor and beneficiary information.

Survivor and Beneficiary Information - IMPORTANT

Upon your death, your account will be transferred to your surviving spouse and/or dependents for tax-free reimbursement of their medical expenses. If you do not have a surviving spouse or dependent(s), your account will be transferred to your designated beneficiary(ies) for taxable reimbursement of their medical expenses. The beneficiary(ies) you designate on this form will only have access to the account if you have no surviving spouse or dependents.

Surviving spouse and/or dependent(s): If a spouse and/or dependent(s) survive you, they will be able to use your remaining account balance for their

own medical expenses on a tax-free basis. In this case, the beneficiaries you designate on this form will not be allowed to use the account balance. However, even if you currently have a spouse and dependents, it is important that you designate a beneficiary(ies) in case your circumstances change before your death. Otherwise, your remaining assets will return to the NFOP RHS Member Plan trust. If your account balance is not fully utilized upon the death of your surviving spouse and all dependents, the balance will be available to the designated beneficiary(s) of the last survivor to die for taxable reimbursement of their medical expenses. If there is no such designated beneficiary(ies), the account balance will revert to the NFOP RHS Member Plan trust.

No surviving spouse or dependents: If there are no surviving spouse and/or dependents upon your death, the beneficiary(ies) you designate on this form will be able to use the remaining value of your account for taxable reimbursement of their medical expenses. If no primary beneficiary(ies) lives longer than you, your contingent beneficiary(ies) will be able to use the account. If none of your primary or contingent beneficiaries are living at the time of your death, or if you do not have a signed, valid beneficiary designation on file, your remaining account balance will revert back to the NFOP RHS Member Plan trust. If your account balance is not fully utilized upon the death of your designated beneficiary(ies), the balance will be available to the named beneficiary(s) of your beneficiary for taxable reimbursement of their medical expenses. If there is no such designated beneficiary(ies), the account balance will revert back to the NFOP RHS Member Plan trust.

Survivor and Beneficiary Information:

- You may name only an individual(s) as your primary and contingent beneficiary(ies). Do not name your estate or a trust as these entities are not able to use the account for medical expense reimbursement.
- Remember that your spouse/dependents are automatically eligible to use the account for medical expenses if they survive you. Thus, you should name an individual(s) other than your spouse/dependent(s) (for example, adult child, other family member) as your beneficiary(ies). The named beneficiary will be able to use the account only if there are no surviving spouse or dependents.
- If you need to designate additional survivors, or primary and/or contingent beneficiaries, please do so on a separate sheet of paper.
- Remember, if you do not designate a beneficiary(ies), and you die without a surviving spouse or dependent(s), your account balance will revert to the NFOP RHS Member Plan trust. It is important that you review your beneficiary designation regularly and revise it in case of a change in your circumstances.
- If you are a resident of a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) and are married, your designation of a beneficiary other than your spouse does not constitute a waiver of your spouse's right to your RHS account assets upon your death. Your designated beneficiary will have access to the account only if you are not survived by a spouse or other qualifying dependents.
- Please be advised, the availability of benefits for domestic partners, same-sex spouses, and civil unions varies by state. The tax treatment of RHS reimbursements in these situations may also vary. Please consult your employer and/or tax advisor for more information.

Authorized Signature

Once you have completed the form, sign it, make a copy for your records, and return the form to ICMA-RC at PO Box 96220, Washington, DC 20090-6220.

By signing the form, you acknowledge that you have read these instructions for the NFOP RHS Plan Member Information Change Form. You also acknowledge that you understand that, upon your death, your account will be transferred to your spouse and/or other qualifying dependents for tax-free reimbursement of qualifying medical expenses. If you do not have a surviving spouse or other qualifying dependents, the beneficiary(ies) you designate will be eligible to use the account for taxable reimbursement of qualifying medical expenses. If you are married and live in a community property state, you understand that your designation of a primary beneficiary other than your spouse does not constitute a waiver of your spouse's right to your RHS account assets upon your death. Your designated beneficiary(ies) will have access to the account only if you are not survived by a spouse or other qualifying dependents.