



VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN PRE-TAX CONTRIBUTION ELECTION FORM

- Please read the instructions very carefully before you make your election. Return your completed form to your Employer.
- Use this form to designate the amount of pre-tax contribution from your pay you wish to make each payroll period to your RHS account.
- Your RHS plan determines the amount of your pay you may elect to contribute. Please consult your RHS Plan Announcement Letter or contact your benefits department for details.
- Please remember that once you designate the level of your contribution, you will be required to make this contribution to your account as indicated on this form and will not be allowed to amend or rescind your election.
 - Your election to contribute will apply on an ongoing basis each year, until you no longer participate in this RHS plan.
- Your election must be made during the annual election window specified by your RHS Plan. If you are a newly hired or newly eligible participant, your election may be effective no earlier than the calendar month following the end of your election window. If you do not make your election in the year of your initial eligibility, you may make an election during the election window in a later year. However, in this case, your contributions will not begin until the year following the year you make the election.
- Once you make an election to contribute from your pay you will not be allowed to change that election.
- Return this form to your employer promptly. Your employer cannot deduct pre-tax contributions from your pay until you submit this form. This form should not be returned to ICMA-RC.

A. Required Information

RHS Plan Number: _____

RHS Plan Name: _____

Participant Name: _____
Last First MI

Social Security Number: _____ - _____ - _____

B. Election

Irrevocable Election for Pre-tax Contributions From Pay

I hereby direct my employer to deduct _____% or \$_____ from my pay per pay period as pre-tax elective contributions to my VantageCare Retirement Health Savings Plan account. (Note: Your employer may require you to designate in percentage or dollar amount and may provide a range of permissible elective contributions. See the RHS Announcement Letter for details.)

C. Signature

Irrevocable Election for Pre-tax Contributions From Pay

By signing this form, I acknowledge that under current Plan rules, the contribution election I have made is irrevocable and may not be changed or rescinded. I understand that my election must be made no later than the election window in the calendar year before the year(s) I wish the contribution to be made (except for the year of my initial eligibility to make the election).

If my employer's RHS includes irrevocable elections, I acknowledge that ICMA-RC has reached a resolution with the IRS that provides participants covered under a collective bargaining agreement (CBA) to continue making elective contributions for the term of their existing contract or until December 31, 2010, whichever comes first. I further acknowledge that I am entering this agreement with knowledge of when our collective bargaining agreement expires.

Participant Signature: _____ Date: _____

D. Employer Use Only

Received on: ____ / ____ / ____ Year Processed on: ____ / ____ / ____ Year *Effective: ____ / ____ / ____ Year
Month Day Year Month Day Year Month Day Year

* • Newly eligible participant: First payroll after the close of the window period.
 • Other: First payroll in the year following the year of election.

Employer remittance instructions: Please remit these contributions to ICMA-RC via EZ Link as "Employee Pre-Tax" contributions.