



Health Care Savings Program Payroll/Investment Election Form

Please print clearly • See attached guide for details • Retain a copy for your records

For employer use only

Name of employer*	Municipality number*	Division number (6 digits)*
-------------------	----------------------	-----------------------------

1. Information about you

Last name*	First name*	MI	Last four digits of SSN*
------------	-------------	----	--------------------------

Email address

2. Payroll information

Please provide a copy of this form to your employer.

I recognize my participation in the program is required based on my employment.

I authorize my employer to deduct the following contribution amount from my gross wages each pay period:

Voluntary after-tax contribution amount: _____% **OR** \$ _____ .00

This amount can be changed at any time.

Change – The above amount reflects a change in my voluntary after-tax contribution amount

3. Initial investment election choices (New enrollees only)

Please choose your investment election option below. If you do not have an investment election on file, contributions will be placed in the MERS Established Market Fund.

I want to use the Quick Enrollment

I understand that my contributions will be placed in the MERS Established Market Fund.
Once enrolled, I can make changes online or by phone.

I want to choose my investment selections

When this form is received and processed by MERS, all of my current and future investments will change according to my choices listed in section 5 of this form.

Once enrolled, I can make changes online or by phone.

4. Change election choices (Existing members only)

I want to CHANGE my investment selections (please select only one)

- These changes will affect only my FUTURE contributions
- These changes will affect only my CURRENT account balance
- These changes will affect **BOTH** FUTURE contributions and CURRENT account balance

* Required field

Health Care Savings Program Payroll/Investment Election Form

5. Investment menu

Use this section **only** if you selected to choose your initial investment selections in Section 3.

Retirement Strategies

MERS 2005 Retirement Strategy	%	MERS 2035 Retirement Strategy	%
MERS 2010 Retirement Strategy	%	MERS 2040 Retirement Strategy	%
MERS 2015 Retirement Strategy	%	MERS 2045 Retirement Strategy	%
MERS 2020 Retirement Strategy	%	MERS 2050 Retirement Strategy	%
MERS 2025 Retirement Strategy	%	MERS 2055 Retirement Strategy	%
MERS 2030 Retirement Strategy	%		

Diversified Portfolios

MERS Total Market Fund	%	MERS Established Market Fund	%
MERS Capital Preservation Fund	%	MERS Capital Appreciation Fund	%
MERS Balanced Income Fund	%		

Expanded Funds

MERS Short-Term Managed Income Fund	%	PIMCO Total Return Fund	%
MERS Diversified Bond Fund	%	PIMCO High Yield Fund	%
MERS 500 Index Fund	%	American Beacon Large Cap Value Fund	%
MERS Small Cap Fund	%	Principal Mid Cap Blend Fund	%
MERS Mid Cap Fund	%	Invesco Small Cap Equity Fund	%
MERS Large Cap Fund	%	Schwab International Index Fund	%
MERS Global Equity Fund	%	American Funds EuroPacific Growth Fund	%
MERS Emerging Market Fund	%	Cohen & Steers Realty Shares	%
Dreyfus Bond Market Index Fund	%		

All allocations must use a whole percentage, and the total percentage of amount allocated must equal 100%.

Please refer to the *Understanding the MERS Investments Menu* book and the *Fund Summary Sheets* for information regarding each investment option, including potential redemption fees, and restrictions (www.mersofmich.com).

If investments are not selected, the default investment will be the MERS Established Market Fund.

6. Required signature

My signature acknowledges that I have received, read, understand, and agree to all pages of this *Health Care Savings Program Payroll/Investment Election Form* and guide and affirms that all information I have provided is true and correct. I have also received all informational material detailing the general Plan features, the investment options offered, and any and all administrative charges and fees which may be deducted from the account(s) maintained on my behalf. I understand that my rights under the program shall be governed by the terms and conditions of the Plan Document pursuant to all applicable state and federal laws, rules and regulations.

Data collected on this form will be used by MERS staff for identification and documentation only.

Participant signature*	Date (mm/dd/yyyy)*
Participant name (please print clearly)*	SSN last 4*

* Required field

Step-by-Step Guide to Completing the Health Care Savings Program Payroll/Investment Election Form

This form is available for download at www.mersofmich.com.

Please print clearly. Fields with an asterisk (*) are required fields and must be completed to submit the form accurately.

The Employer* section should be filled out by your employer, so proceed directly to Step 1, Information about you.

1. Information about you*

This section gathers basic information about you – your full name and Social Security number. If you are completing this form for the first time or have made recent changes to your personal information, please be sure to complete the *Personal Information Form (MD-001)*. You can download the form at www.mersofmich.com or call 800.767.2308 to have a form mailed to you.

2. Payroll information

Based on the plan provisions your employer has adopted, you may be required to make **mandatory salary reductions**.

If you do not know your mandatory amount, please ask your Human Resources Department.

You can also **voluntarily** contribute additional after-tax money to your account. Please specify the exact percentage or dollar amount you want to contribute. You are allowed to make changes or stop voluntary contributions at any time.

If you are changing the amount of your **voluntary** after-tax contribution, please check the “Change” box provided and include the new amount.

3. Investment election choices (New enrollee only)

Upon enrollment, contributions will be placed in the MERS Established Market Fund. Once MERS receives and processes your new selections, your contributions will move from the MERS Established Market Fund to the funds you’ve selected.

You may choose one of two options for your **initial election**. The Quick Enrollment choice automatically places your contributions in the MERS Established Market Fund. Once you are officially enrolled, you can make changes to your account online at any time or by phone.

Your second option allows **you** to choose your initial investment selections you are automatically enrolled in. The entire list of investment options is listed in Section 5 on the back of this form. Use this section only if you do not wish to use the Quick Enrollment.

Regardless of enrollment choice, you can always make changes online or by phone.

4. Change election choices (Existing member only)

If you are using this form to make a change to your current investment selection, you can choose whether you want your changes to affect only your future contributions, your current account balance, or **both** future contributions and current account balance. Please check your choice in the appropriate box.

5. Investment menu

Before you make your selections, please review the *Understanding the MERS Health Care Savings Program Investment Menu* book found at www.mersofmich.com for information on making sound investment decisions, fund selections, facts on each fund, restrictions and fees.

If you chose to make your own enrollment investment selections from Section 3, please choose a fund(s) and percent of your contribution. All allocations must use a whole percentage, and total percentage of the allocation amount must equal 100%. For additional information regarding redemption fees, restrictions, and basic facts, please refer to the *Fund Summary Sheets* online.

If you do not make any selections, the default investment will be the MERS Established Market Fund upon enrollment.

6. Required signature*

Your signature acknowledges that you have read and agree to the terms of this agreement. You are also acknowledging that the information you have provided to MERS is true and correct.

You have also reviewed the *Understanding the MERS Health Care Savings Program Investment Menu* book detailing general features, investment options, and agree by signing that any and all administrative charges and fees may be deducted from your account(s).

MERS will only use the information listed on this form for identification and documentation. Your Social Security numbers are classified information and will not be shared without your written consent.

Your signature and date are required before this form can be processed. Any unsigned forms will be returned.

Submitting this form:

- If you are an active member:
Please give it to your current employer
- If you are no longer with the employer, please mail or fax it to MERS at:

**Municipal Employees'
Retirement System of Michigan**

1134 Municipal Way
Lansing, MI 48917

Fax: 517.703.9706

Questions? Please contact us at 800.767.2308.

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 800.649.3777. If you have other disabilities, contact MERS at 800.767.2308 to request special accommodations.