ICMARC
Building Retirement Security

VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN EMPLOYEE ENROLLMENT/CHANGE FORM - Page 1

- Use this form to enroll in the RHS Plan or to make any changes to your existing RHS Plan account.
- Read the instructions on the back before completing the form. Please use blue or black ink.
- Please check all applicable boxes:

☐ New Enrollment

Type of Change:
☐ Change in Name (Please attach legal document) ☐ Change in Marital Status ☐ Change in Survivor
☐ Change in Address ☐ Change in Work Information

1 Essential Information

Employer Plan Number 8 ___ ___ ___ ___ ___ Employer Name ______________________ State ________

Participant Name (Last, First and Middle Initial) ______________________

Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___

2 Participant Personal Information

Mailing Address

Street ______________________

City ______________________

State ______________ Zip Code ______________

Evening Phone Number
(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___
Area Code

Email Address ______________________

Gender
☐ Female ☐ Male

Marital Status
☐ Married ☐ Single

Date of Birth
___ ___/___ ___/___ ___ ___ ___
Month Day Year

Date Employed
___ ___/___ ___/___ ___ ___ ___
Month Day Year

3 Work Information

Job Title ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Daytime Phone Number
(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___
Area Code

4 Survivor Information (Note: Please read the instructions.)

Survivors

Spouse Name______________________ SSN______-______-________ Date of Birth______________

Dependent Name ______________________ SSN______-______-________ Date of Birth______________

Dependent Name ______________________ SSN______-______-________ Date of Birth______________

Dependent Name ______________________ SSN______-______-________ Date of Birth______________

Dependent Name ______________________ SSN______-______-________ Date of Birth______________

☐ Additional survivor information on attached sheet

PLEASE RETAIN A COPY FOR YOUR RECORDS AND RETURN THE ORIGINAL TO YOUR EMPLOYER

(continued on back)

VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN
EMPLOYEE ENROLLMENT/CHANGE FORM - Page 2

5 Authorized Signatures

For new enrollments:

- I acknowledge that I have received and read the current Vantagepoint Funds Prospectus prior to investing in any funds.
- I understand that I will not be permitted to choose to cease participation so long as I am a member of the covered group.

For all enrollments and changes:

- I acknowledge that I have read the instructions for the RHS Plan Employee Enrollment/ Change Form. I understand that the ICMA Retirement Corporation has established required procedures for telephone and Internet transfers that include personal identification numbers, recorded instructions, and written confirmations. In the event I choose to transfer funds by telephone or Internet, I agree that neither the ICMA Retirement Corporation, nor ICMA-RC Services, LLC, will be liable for any loss, cost, or expense for acting upon any telephone or Internet instructions believed by it to be genuine and in accordance with the required procedures.
- If applicable, I understand that the availability of benefits for domestic partners, same sex spouses, and civil unions varies by state and that the tax treatment of RHS reimbursements in these situations may also vary.
- I understand that upon my death, my account will be transferred to my spouse and/or other qualifying dependents for tax-free reimbursement of qualifying medical expenses. If I am not survived by a spouse or any dependents, my account balance will return to my employer's RHS trust.

______________________________ Participant Signature

______________________________ Date

6 Employer Use Only

______________________________ Employer Signature

______________________________ Date

Is the employee currently eligible to receive benefits from the RHS Account under Section IX of your RHS Plan Adoption Agreement? ☐ Yes* ☐ No

If yes, what date did the employee become eligible? ___ ___/___ ___/___ ___ ___ ___
Month Day Year

☐ Eligibility date entered in EZLink (see Chapter 4 of the RHS Plan Employer Manual).

*** If yes, the Participant should also complete the *RHS Plan Employee Eligibility Form* for Meritain Health, Inc.**

PLEASE RETAIN A COPY FOR YOUR RECORDS AND RETURN TO YOUR EMPLOYER

VANTAGECARE RHS PLAN EMPLOYEE ENROLLMENT/CHANGE FORM INSTRUCTIONS

By completing this form, you will supply the information necessary to begin participation in your employer's VantageCare Retirement Health Savings (RHS) program. You may also use this form to change the information at a later date.

Before you complete this form for enrollment, please read the accompanying literature so that you understand your plan's provisions.

Your employer's plan requires participation for all members of a covered group. To determine whether you are a member of a covered group, please review your employer's RHS Announcement Letter or contact your employer's benefits office.

In order for ICMA-RC to process your enrollment/change efficiently, please complete the form accurately and completely and **submit it to your employer.** Please be sure to keep a copy for your records of all forms and documentation you submit.

Always review your quarterly statements to confirm the accuracy of your enrollment information. If you discover a discrepancy, contact ICMA-RC Investor Services at 1-800-669-7400 as soon as possible.

Initial Enrollment/Type of Change

Please check either Initial Enrollment or each Type of Change that you are making in your account information. Keep in mind that once you are enrolled in the plan, you do not have the option of discontinuing your participation.

Please note that you may notify us of many changes in your account information by accessing your account at www.icmarc.org.

If you are eligible to receive benefits from your RHS account, and are making changes to your account information, please also contact Meritain Health, Inc., at 888-587-9441. Address changes are made with ICMA-RC and are forwarded to Meritain Health.

1. Essential Information
Please complete this section carefully. The information you submit will be used to establish your account and to identify the account when you make changes. The employer plan number is available from your employer. If you are reporting a name change, please enter your new name into the "Name" line in Part 1, and provide your employer with any required documentation, which may include a copy of one of the following: Driver's License, Social Security card, marriage certificate or court order.

2. Participant Personal Information
The mailing information provided here will determine the address to which your ICMA-RC RHS account statement will be sent. If you are changing your marital status, you may wish to review your survivor information at this time.

3. Work Information
Please provide your job title and daytime phone number.

4. Survivor 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 return to your employer's RHS trust.

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. If your account balance is not fully utilized upon the death of your surviving spouse and all dependents, the account balance will return to your employer's RHS trust.

No surviving spouse or dependents: If there are no surviving spouse and/or dependents upon your death, your remaining account balance will revert to your employer's RHS trust.

Naming your survivor(s):

- Remember that only your spouse/dependents are eligible to use the account for medical expenses if they survive you.
- If you need to designate additional survivors, please do so on a separate sheet of paper.
- Please be advised that 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.

5. Authorized Signatures
Once you have completed this form, sign it, make a copy for your records and **submit it to your employer**.

Your signature acknowledges that your initial enrollment will result in contributions initially allocated to the Vantagepoint Milestone Fund* or another chosen fund by your employer. All changes to your investment allocation for future contributions and transfers of fund balances may be made through VantageLine, Account Access, or an ICMA-RC Investor Services Representative. State law, local law, or your employer may place restrictions on available investments.

**Please be advised that with "Fund of Funds" arrangements, additional underlying fees may apply. Please consult the prospectus for details.*

Please consult the Vantagepoint Funds Prospectus carefully for a complete summary of all fees, expenses, charges, financial highlights, investment objectives, risks and performance information. Investors should consider the Fund's investment objectives, risks, charges and expenses before investing or sending money. The prospectus contains this and other information about the investment company. Please read the prospectus carefully before investing. Vantagepoint Funds are distributed by ICMA-RC Services LLC, a wholly owned broker-dealer subsidiary of ICMA-RC and member NASD/SIPC. For a current prospectus, contact ICMA-RC Services, LLC by calling 800-669-7400 or by writing to 777 North Capitol Street, NE, Washington, DC 20002-4240, or by visiting www.icmarc.org.

6. Employer Use Only
Once the participant has completed this form for initial enrollment, please verify his/her eligibility to enroll by signing the form in Section 6 and enter the account information into EZLink. For changes in participant information, please enter the changes into EZLink.

If the participant is eligible to receive benefits from the RHS account immediately upon enrollment (i.e., the participant may use the account for qualifying medical expenses as allowed in Section IX of your RHS Plan Adoption Agreement), please provide the *RHS Employee Eligibility Form* to the employee and enter the benefit eligibility information into EZLink. See Chapter 4 of the VantageCare RHS Employer Manual for information.

Print the EZLink Confirmation Screen for your records.

Retain this form in your employee records.

ICMA Retirement Corporation Privacy Policy

Our Privacy Policy.
Protecting your privacy is important to us. In providing financial services and investment products to you, we collect certain nonpublic personal information about you. Our policy generally is to keep this information strictly confidential, and to use or disclose it as needed to provide services to you, or as permitted or required by law or by you. Our privacy policy applies equally to our former customers and investors, as well as individuals who simply inquire about the services or investments we offer. We may change this privacy policy in the future upon notification to you.

Information We Collect.
The nonpublic personal information we have about you includes information you give us when you open an account, invest in The Vantagepoint Funds, or write or call us, such as your name, address, social security number, employment, investment objectives and experience, financial circumstances, and investment transactions and holdings.

Information We Disclose.
We disclose nonpublic personal information about you to our affiliates, and to outside firms that help us provide services to you, for use only for that purpose.

[Note: The following applies to all states except California and New York State.]
We may also disclose nonpublic personal information to nonaffiliated third party financial institutions with which we have established relationships, such as financial institutions that offer our affinity credit card program, or to other institutions with which we may establish relationships in the future in order to offer select financial products of interest to our customers. You have the right to stop us from disclosing nonpublic personal information about you to these parties, except as permitted or required by law. To do so, call us toll free at 800-827-2710.

If you do not notify us that you wish to block disclosure of this nonpublic personal information, we will allow information to be sent to you from all third party financial institutions with which we have established relationships. Currently, ICMA Retirement Corporation has established relationships with First USA Bank for its affinity credit card program and with M&T Bank [applicable for participants in plans located in Maryland (excluding metropolitan DC area), Pennsylvania and West Virginia] for enrollment and information services in connection with ICMA-RC's 457 Deferred Compensation Program. Before any additional third party relationships are added, they must be approved by the Board of Directors of the ICMA Retirement Corporation. Once approved, ICMA Retirement Corporation will notify you of any additional third party relationships in future publications of this privacy policy.]

How We Safeguard Your Information.
We restrict access to nonpublic personal information about you to those persons who need to know it or who are permitted or required by law or by you to receive it. We maintain physical, electronic and procedural safeguards to protect the confidentiality of your information.