

NEW ENROLLMENT FORM



**City of Anaheim VantageCare Retirement Health Savings (RHS) Plan
Employee Enrollment Form**

- Please use this form for initial enrollment in the City of Anaheim Retirement Health Savings (RHS) Plan.
- Please read the instructions on the reverse carefully before completing the form.
- Please use blue or black ink.
- Keep a copy for your records and RETURN THE COMPLETED FORM to the City of Anaheim, Human Resources Department, 200 S. Anaheim Blvd., Suite 332, Anaheim, CA 92805

1 Essential Information

Employer Plan Number Employer Name State
8 0 0 CITY OF ANAHEIM CA

Participant Name (Last, First and Middle Initial)

Social Security Number: Date of Birth:
_____ - _____ - _____ ____ / ____ / _____

Gender: Male Female Marital Status: Married Single

Participant Personal Information:

Mailing Address
Street _____
City _____ State _____ Zip Code _____

Work Information:

Date Employed by the City of Anaheim: ____ / ____ / _____
Job Title

Department / Division

Work Phone Number
(_____) _____ - _____

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2. Authorized Signature

I acknowledge that I have read the instructions for the *City of Anaheim VantageCare RHS Plan New Enrollment Form*. I acknowledge that I have received and read the current Vantagepoint Funds Prospectus prior to investing in any funds. I understand that the ICMA Retirement Corporation has established required procedures for telephone and Internet transfers that include personal identification numbers, recording instructions, and written confirmations. In the event I choose to transfer funds by telephone or Internet, I agree that neither the City of Anaheim, 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.

I acknowledge that I have also completed the required Spouse, Covered Dependent, and Beneficiary Designation Form. As a resident of a community property state, I understand that designation of an individual other than my spouse as beneficiary does not result in waiver of spousal rights to my account upon my death. The designated beneficiary(ies) will receive access to my account only if I am not survived by my spouse, dependents or non-dependents children.

I further understand that failure to designate a beneficiary may result in forfeiture of my account balance upon my death, if I am not survived by my spouse, dependents or non-dependent children.

Participant Signature

Date

PLEASE RETAIN A COPY FOR YOUR RECORDS AND RETURN TO

The City of Anaheim, City Treasurer's Office, 201 S. Anaheim Blvd. #901, Anaheim, CA 92805

Complete this Employee Enrollment Form and separate Spouse, Covered Dependent and Beneficiary Designation Form to supply ICMA-RC with information on yourself, spouse, dependents, non-dependent children, and beneficiary(ies) for your VantageCare Retirement Health Savings (RHS) Plan. Subsequent changes in your designation can be provided to your ICMA-RC on a newly completed *City of Anaheim VantageCare Retirement Health Savings (RHS) Plan Spouse, Covered Dependent, and Beneficiary Designation Form*.

**City of Anaheim VantageCare Retirement Health Savings (RHS) Plan
Employee Enrollment Form Instructions**

In order for ICMA-RC to process your RHS benefits efficiently, please complete this form along with a Spouse, Covered Dependent and Beneficiary Designation Form accurately and clearly and **return them to the City of Anaheim, Human Resources Department, 200 S. Anaheim Blvd. Suite 332, Anaheim, CA 92805**.

Please be sure to keep a copy for your records of all forms you submit.

1. Essential Information

Please complete this section carefully. The information you submit will be used to identify your account. The employer plan number is available from the Human Resources Department.

2. Authorized Signature

Once you have completed this form, sign it, make a copy for your records and **submit it to the Human Resources Department**.