



**RETIREMENT HEALTH SAVINGS (RHS) PLAN
ENROLLMENT/CHANGE FORM**

EMPLOYER INFORMATION

Employer Name City of Auburn Hills	Employer Plan Number 100394-T1	Type of Change <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Name <input type="checkbox"/> Change in Marial Status <input type="checkbox"/> Change in Address <input type="checkbox"/> Change in Beneficiary <input type="checkbox"/> Change in Work Information
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EMPLOYEE INFORMATION: To be filled out by employee

Last Name	First Name	M.I.	Social Security Number	Date of Birth	Phone Number
Home Street Address	City	State	Zip	Job Title:	

SURVIVOR INFORMATION:

Last Name	First Name	M.I.	Date of Birth	SSN	Relationship
					Spouse
					Dependent
					Dependent
					Dependent
					Dependent

CONTINGENT BENEFICIARY INFORMATION:

Last Name	First Name	M.I.	Date of Birth	SSN	% of Account Balance

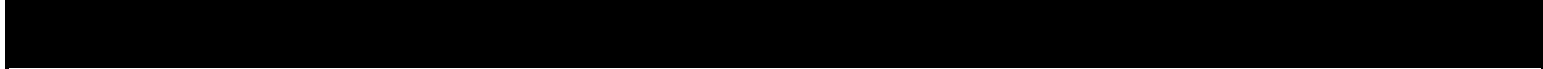
Relationship
 Spouse Child Parent Grandchild Sibling My Estate A Trust Other _____

Last Name	First Name	M.I.	Date of Birth	SSN	% of Account Balance

Relationship
 Spouse Child Parent Grandchild Sibling My Estate A Trust Other _____

Last Name	First Name	M.I.	Date of Birth	SSN	% of Account Balance

Relationship
 Spouse Child Parent Grandchild Sibling My Estate A Trust Other _____



INVESTMENT SELECTION

By submitting this form, you understand you are authorizing your plan sponsor to enroll you in the plan without elections. Once your enrollment is processed you may log in to the participant website or mobile app to select your investments. If you do not select an investment option, your entire account will be invested in the Plan's default investment selection.

SURVIVOR INFORMATION - IMPORTANT

Once your enrollment is processed you may log in to the participant website or mobile app to enter/change your survivor information.

Upon your death, your account will be transferred to your surviving spouse and/or dependents for tax-free reimbursement of their medical expenses.

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 the Employer's and Employee's proportionate share of contributed assets and earnings, including vested and non-vested assets will be returned in two segregated transactions to the Employer. Any distribution of the remaining account balance to contingent beneficiaries will be a taxable distribution.

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 union 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 SIGNATURES

For new enrollments:

- 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.
- 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 treatments 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 reimbursements 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.

Employee Signature: _____ Date: _____

SUBMIT THE COMPLETED WORKSHEET TO HUMAN RESOURCES. RETAIN A COPY FOR YOUR RECORDS.