VMERS VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN EMPLOYEE CHANGE FORM

ICMA RC
Building Retirement Security

- Use this form 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:

☐ Change in Name (Please attach legal document) ☐ Change in Marital Status ☐ Change in Survivor
☐ Change in Address ☐ Change in Phone Number ☐ Change in E-mail Address

PLEASE RETAIN A COPY FOR YOUR RECORDS AND RETURN THE ORIGINAL TO ICMA-RC (Attn: SPT)

1 Essential Information

Employer Plan Number 8 0 1 7 1 2

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

Participant Name (Last, First and Middle Initial) ______________________________

2 Participant Change Information

Name ______________________________

Street ______________________________

City ______________________________

State ______________ Zip Code ______________

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

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

Marital Status

☐ Married ☐ Single

E-mail Address ______________________________

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

Survivor

Spouse Name ______________________ SSN _____-_____-_______ Date of Birth ______________

4 Authorized Signatures

For all changes:

- I acknowledge that I have read the instructions for the RHS Plan Employee 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 treatment of RHS reimbursements in these situations may also vary.
- I understand that upon my death, my account will be transferred to my spouse for tax-free reimbursement of qualifying medical expenses. If I am not survived by a spouse, my account balance will return to my Plan Sponsor.

____
Participant Signature

____
Date

VMERS Vantagecare RHS Plan Employee Change Form Instructions

In order for ICMA-RC to process your change efficiently, please complete the form accurately and completely and **submit to:**

ICMA-RC (Attn. SPT)
Vantagepoint Transfer Agents
P.O. Box 17010
Baltimore, MD 21297-1010

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 information. If you discover a discrepancy, contact ICMA-RC Investor Services at 800-669-7400 as soon as possible.

Type of Change

Please check each Type of Change that you are making in your account information.

Please note that you may also make changes via Account Access at www.icmarc.org.

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. If you are reporting a name change, please enter your new name into the "Name" line in Part 2, and provide ICMA-RC (Attn: SPT) 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 Change 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. Survivor Information – IMPORTANT
Upon your death, your account will be transferred to your surviving spouse for tax-free reimbursement of his/her qualified medical expenses. If you **do not** have a surviving spouse, your account will return to your Plan Sponsor.

Naming your survivor(s):

- Remember that only your spouse is eligible to use the account for medical expenses if he/she survives you.
- 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 Plan Sponsor and/or tax advisor for more information.

4. Authorized Signatures
Once you have completed this form, sign it, make a copy for your records and **submit it to ICMA-RC (Attn. SPT)**.

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.

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.