Enrollment and Contribution Form

Use this worksheet to submit your employee information and/or any applicable contribution information elections to your employer for enrollment in your MUNICIPALITY OF MONROEVILLE MissionSquare Retirement Health Savings Plan at MissionSquare Retirement.

I want to: ☐ Start My Journey: Join my MUNICIPALITY OF MONROEVILLE MissionSquare Retirement Health Savings Plan

1. PERSONAL INFORMATION

PLAN SPONSOR NAME:
MUNICIPALITY OF MONROEVILLE MissionSquare Retirement Health Savings Plan 800931

SOCIAL SECURITY NUMBER: FOR TAX REPORTING PURPOSES	DATE OF BIRTH: MM/DD/YYYY	GENDER: ☐ FEMALE ☐ MALE ☐ OTHER
FULL NAME: LAST, FIRST, MI		MARITAL STATUS: ☐ MARRIED ☐ SINGLE ☐ WIDOWED ☐ DIVORCED
MAILING ADDRESS: STREET / CITY / STATE / ZIP		
MOBILE PHONE NUMBER:	EMAIL ADDRESS:	GO PAPERLESS: ☐

*Choosing to go paperless means you are asking your employer to opt you into electronic communications to the email address you have designated.

2. 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.

3. SURVIVOR DESIGNATION

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

4. SIGNATURES (SIGN, DATE, AND SUBMIT THE COMPLETED FORM TO YOUR PLAN SPONSOR)

Employee Signature: _____ Date: MM/DD/YYYY _____

Authorized Plan Sponsor Official's Signature: _____ Date: MM/DD/YYYY _____

Authorized Plan Sponsor Official's Name and Title: _____ Date: MM/DD/YYYY _____

SUBMIT THE COMPLETED WORKSHEET TO YOUR PLAN SPONSOR. RETAIN A COPY FOR YOUR RECORDS.

For Plan Sponsor Use Only:

Employee ID:_____ Hire Date: MM/DD/YYYY _____

Rehired? Check if Yes ☐

Rehire Date: MM/DD/YYYY _____ Original Hire Date: MM/DD/YYYY _____ Leave Date: MM/DD/YYYY _____