



Hawai'i Pacific Health 403(b) Savings Plan

INSTRUCTIONS

Complete, sign and date the form.

PLEASE PRINT ALL ITEMS BELOW LEGIBLY.

PERSONAL DATA

FIRST NAME	M.I.	LAST NAME
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	DAYTIME PHONE NUMBER	MOBILE PHONE NUMBER
EMAIL		

CHOOSE YOUR CONTRIBUTION RATE

Yes, I want to be a Super Saver.

I elect to contribute 10% of my pay (as defined by the plan) per pay period. Apply the 10% to the following contributions:

Pre-tax Roth After-tax

NOTE: If neither or both boxes are checked, the 10% will be allocated equally between the two contribution types, i.e., 5% to each.

You are done! Please sign and date below.

OR select from the following options below.

Description		Pre-tax Deductions will not be treated as taxable income. Contributions and earnings will be taxed when withdrawn.	Roth After-tax Deductions will be treated as taxable income. Contributions will not be taxed when withdrawn.
Initial Savings Rate Election	Choose the percentage that you would like deducted from each paycheck.	<input type="checkbox"/> 7% <input type="checkbox"/> 5% <input type="checkbox"/> 3% <input type="checkbox"/> Other _____%	<input type="checkbox"/> 7% <input type="checkbox"/> 5% <input type="checkbox"/> 3% <input type="checkbox"/> Other _____%
Automatic Increase Rate	Choose the percentage that you would like your savings rate increased by every year.	<input type="checkbox"/> 1% <input type="checkbox"/> Other _____%	<input type="checkbox"/> 1% <input type="checkbox"/> Other _____%
Maximum Savings Rate	Auto increase will stop when you reach the savings rate you list here. If left blank, the default will be 20% for the contribution type(s) you have selected to increase. The maximum you can save is 60% (combined pre-tax and Roth after-tax).	_____%	_____%
Automatic Increase Month	Choose the month your automatic increase will occur. If you do not select a month, the increase will take place in January.	<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	

Savings Overview. If you do not enroll or opt-out during your first 60 days of employment, you will be automatically enrolled in the Plan. This means that 3% of your eligible pay will be contributed to your Plan account automatically through convenient pre-tax payroll deductions.

SIGN AND DATE TO AUTHORIZE YOUR ELECTION

I understand that my contributions will begin in the next or following paycheck after Milliman receives this form and will be invested in the Plan's Qualified Default Investment Alternative (QDIA), which is the T. Rowe Price target date fund that is closest to the year that I turn age 65. I also understand that I can change my contribution amount and make investment elections at any time by visiting MillimanBenefits.com or calling the Benefits Service Center at 1.866.767.1212.

Please sign and date this form. Return to HR-Benefits through interoffice mail Harbor Court 25th Floor, via fax at 808-535-7830, or scan & email to hbenefits@hawaiipacifichealth.org.

SIGNATURE	DATE
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