



MassMutual Enrollment Record

EMPLOYEE INFORMATION

Group No: 751297	Social Security No:	Employer: Capital Area Health Consortium, Inc.	Dept./Location:	
Employee Name: (Last, First, M.I.)			Phone Number:	
*Mailing Address:		City:	State:	Zip:
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Hire:	Date of Eligibility:	

*For your mailing address, provide either a street address or P.O. Box, not both. If you provide both, MassMutual will follow USPS Guidelines and use the PO Box as your mailing address.

CONTRIBUTION ELECTIONS

Please refer to the Plan or contact your Plan Sponsor for information about the deferral options under the Plan.

- Elective Deferrals - I will be contributing ____% or \$____ of my compensation, each payroll period on a before-tax basis.
- I will be contributing ____% or \$____ of my compensation each payroll period as designated Roth contributions. I understand that once an amount is contributed, its designation as a Roth contribution may not be changed.

The above information is for MassMutual's records only. This does not replace a Salary Deferral Agreement which may be required by your Employer.

- I am utilizing the age 50+ catch-up provision.
- I am utilizing the "15 year rule" catch-up provision. Please complete a 15 Year Rule Notification form.

INVESTMENT ELECTION

I elect to have my future contributions invested as follows. I understand that this form is to be used to record my initial investment option election and may not be used for investment option transfers or investment option allocation changes. To make investment changes please call 1-800-528-9009 or visit massmutual.com/serve.

SELECTIONS MUST BE IN WHOLE PERCENTAGES TOTALING 100%.

- | | |
|---|--|
| ____ % 2Z AB Growth A | ____ % 1C Hartford Dividend and Growth HLS IB |
| ____ % ZL AB High Income A | ____ % 4E Hartford Healthcare HLS IB |
| ____ % 7B AB International Growth A | ____ % QT Hartford Moderate Allocation R5 |
| ____ % N8 Alger Capital Appreciation Institutional I | ____ % 1B Hartford Total Return Bond HLS IB |
| ____ % YS Alger SmallCap Growth Institutional I | ____ % 6R Invesco International Growth A |
| ____ % N4 American Funds Cap World Growth and Income R3 | ____ % UA MM MSCI EAFE International Index R4 |
| ____ % 4Q American Funds Investment Company of Amer R3 | ____ % G4 MM RetireSMART 2045 R4 |
| ____ % 5Y American Funds The Growth Fund of America R3 | ____ % VG MM S&P Mid Cap Index R4 |
| ____ % WM American Funds Washington Mutual Investors R3 | ____ % PJ Oppenheimer International Bond A |
| ____ % ZK Ave Maria Rising Dividend | ____ % RS Oppenheimer Real Estate A |
| ____ % YD BlackRock LifePath Dynamic 2055 A | ____ % PP PIMCO Real Return A |
| ____ % PY ClearBridge Small Cap Growth FI | ____ % BL PIMCO Total Return A |
| ____ % NJ Columbia Mid Cap Value A | ____ % DA Premier Oppenheimer Funds Inc Main Street R4 |
| ____ % EC Columbia Select Smaller-Cap Value R4 | ____ % ZW Prudential Jennison Natural Resources A |
| ____ % DM Columbia Seligman Comm and Information A | ____ % VM T. Rowe Price Equity Income R |
| ____ % 9P Davis New York Venture A | ____ % SC T. Rowe Price Growth Stock R |
| ____ % SX Dreyfus S&P 500 Index | ____ % 5I T. Rowe Price Retirement 2030 R |
| ____ % LR Dreyfus Small Cap Stock Index | ____ % 6I T. Rowe Price Retirement 2040 R |
| ____ % Z8 Eaton Vance Atlanta Capital SMID-Cap A | ____ % 6O T. Rowe Price Retirement 2050 R |
| ____ % 10 General Account | ____ % QW The Hartford Growth Allocation R5 |
| ____ % UM Goldman Sachs High Yield A | ____ % QE Thornburg Value R3 |
| ____ % B7 Goldman Sachs Small Cap Value A | ____ % X0 Wells Fargo Utility & Telecomm A |

SIGNATURES

I understand that all values provided by the contract, when based on investment experience of the named investment choices (except the General Account), are variable and are not guaranteed as to a fixed dollar amount. Receipt of a currently effective variable annuity prospectus is acknowledged. I acknowledge that I have read and understand the state-specific Fraud Warning Statement, or the NAIC Model Fraud Statement, as applicable. **NAIC Model Fraud Statement:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed in the State of _____ on _____
Date Participant Signature

TO BE COMPLETED BY THE REGISTERED REPRESENTATIVE (For Home Office Administration Purposes Only)		
_____	_____	_____
Registered Representative Signature	Printed Name of Registered Representative	Registered Representative Tax ID/Producer Code
_____	_____	
Selling Firm Name	Selling Firm Tax ID	