

# HealthSecure HRA® Transfer of Enrollment for Divorce



The Variable Annuity  
Life Insurance Company (VALIC)  
Houston, Texas

Mail completed form to: HealthSecure HRA, PO Box 4389, Clinton, IA 52733-4389.

Please note that funds will remain in the original participant's account until you complete and submit this form.

This is a two-sided form. Please carefully **complete all sections on both sides**. When completing this form, remember to do the following:

1. Choose your **investment allocation** (Section 4).
2. Choose your **e-services** (Section 5).

We will send you a Welcome Packet after your account is set up. Your Welcome Packet will contain:

- Confirmation of your transferred HRA funds;
- Information on how to confirm, make, or change your investment allocation(s);
- A Plan Summary/Summary Plan Description (**please read carefully for important information**);
- Instructions for online account access.

## 1. ORIGINAL PARTICIPANT NAME (FORMER SPOUSE)

Last Name _____			First Name _____			M.I. _____		
Social Security Number or Acct. No. _____				Date of Birth (mm/dd/yyyy) _____				

## 2. NEW ACCOUNT HOLDER'S CONTACT INFORMATION

Last Name _____			First Name _____			M.I. _____			
Social Security Number _____				Date of Birth (mm/dd/yyyy) _____				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address _____					City _____		State _____	Zip _____	
(_____) _____				E-mail Address (Use home or personal email address.) _____					

## 3. CERTIFICATIONS: READ BEFORE SUBMITTING

By enrolling in the HealthSecure HRA Plan, you agree to the following Terms & Conditions. You agree that the Plan and the parties involved in this Plan (including, but not limited to, the employer, your bargaining representative, the Trustees, Plan service providers, and the agents of each, collectively referred to as the "Plan and its agents") cannot guarantee any federal or state tax results or investment results. Any benefits to which you may become entitled are subject to the terms and conditions of the governing Plan documents and applicable law. The Plan and its agents may withhold from such benefits (and may transmit to the government if required by law) any tax, charge, penalty, assessment, or other amount that is determined to be attributable to or allocable to such benefits or on account of the operations of the Plan. You agree to hold the Plan and its agents harmless with respect to such withholding or any failure to withhold or pay such amounts and any other actions taken in good faith for the operation of the Plan. You understand that for proper administration of the Plan and compliance with applicable law, you must regularly confirm and update your enrollment information, including name, address, phone number, dependents, and Social Security numbers for yourself and eligible dependents. You also understand that it is your responsibility to review each statement to confirm that there are no investment or financial errors reflected on your account. Any errors must be reported by you to the Plan within ninety (90) days after the error is first viewed by you online or first reflected in a statement or other written information delivered to you by the Plan and its agents.

Investment selection and e-services on reverse ►►

More Information [HealthSecureHRA.com](http://HealthSecureHRA.com) | Ask Questions 1-888-364-5027

**4. INVESTMENT ALLOCATION SELECTION**

Please indicate your desired investment fund allocation using **whole numbers only; no fractions. Your allocation must equal 100%**. Log in to your account online at **HealthSecureHRA.com** or visit each fund's respective Web site as listed on the **Investment Fund Overview** to view and read fund fact sheets and fund prospectuses. If you do not choose an investment option, the total value of your account will be allocated to the Vanguard Federal Money Market.

**Stable value**

Vanguard Federal Money Market \_\_\_\_\_ %

**Bond**

Columbia US Treasury Index Institutional \_\_\_\_\_ %

**Lifestyle**

Vanguard LifeStrategy Growth Investor \_\_\_\_\_ %

Vanguard LifeStrategy Cons. Growth Investor \_\_\_\_\_ %

**International**

Vanguard Developed Markets Index Admiral \_\_\_\_\_ %

**Large Cap**

Vanguard 500 Index Admiral \_\_\_\_\_ %

Vanguard Windsor Admiral \_\_\_\_\_ %

American Funds Growth R6 \_\_\_\_\_ %

**Mid Cap**

Vanguard Selected Value \_\_\_\_\_ %

Vanguard Mid-Cap Index Admiral \_\_\_\_\_ %

Vanguard Mid-Cap Growth Investor \_\_\_\_\_ %

**Small Cap**

Vanguard Small-Cap Growth Index Admiral \_\_\_\_\_ %

Vanguard Small-Cap Value Index Admiral \_\_\_\_\_ %

**Total must equal: 100%** \_\_\_\_\_ %

**Rebalance my allocation percentages:**

**Quarterly**    **Annually** (end of each calendar quarter/year)

Rebalancing is an important feature that will redistribute your entire account balance according to your most recent allocation percentages on file. If selected, this option will continue until revoked online or via written notice to the Plan.

Your **Welcome Letter** will contain confirmation of your investment elections. After receiving your Welcome Letter, please log in to your account at **HealthSecureHRA.com** and click **Investments** to check that your elections have been applied to your balance as you intended. If you find an error or problem, you must contact us at the mailing address or phone number shown on this form within 90 days after you first view an error or problem online or receive the first statement on which an error or problem appeared, whichever occurs first. If we do not hear from you within 90 days, the account will be considered correct.

**5. E-SERVICES**

**E-COMMUNICATION: GO GREEN!** Sign up for **e-communication** and avoid the paper clutter. Make your election online. After getting your welcome packet in the mail, log in at **HealthSecureHRA.com** and click **My Profile** to update your **Account Preferences**.

**DIRECT DEPOSIT (for claims-eligible participants):**  Yes, I want to elect direct deposit for my medical care expense and premium reimbursements. Direct deposit is faster and more convenient than waiting to receive paper check reimbursements in the mail. A voided check is not required.

Account type:    CHECKING    SAVINGS

\_\_\_\_\_  
Name of Bank or Credit Union

\_\_\_\_\_  
9-Digit Routing Transit Number      Account Number (do not include check number)

Sample check

