Prudential

Enrollment Form

Erlanger Health System Associate 403(b) Retirement Savings Plan

Instructions **Please print using blue or black ink. Note:** You should use this form if you are enrolling in the plan for the first time. Keep a copy of this form for your records and return the original to your Benefits/Human Resources Office.

Attention: Benefits/Human Resources Office - Please fax or send completed form to Prudential.

Questions?
Call 1-877-778-2100
for assistance.

About You

Plan number 1 1 1 4 8 0

Sub plan number 0 0 0 0 0 1

Erlanger employee ID number

Social Security number ___-___-____

Daytime telephone number ___-___-____ (area code)

First name MI Last name

Address

City State ZIP code

Date of birth (month day year) Gender ☐ M ☐ F Original date employed (month day year)

Marital status

☐ Married ☐ Not married

Contribution Information

☐ **Before-Tax Contribution Election.** I wish to contribute ___ % (1% to 100% in whole percentages) of my salary per pay period, or this specific dollar amount ($_____) per pay period.

☐ **Decline.** I choose not to contribute to my employer-sponsored retirement plan at this time (Proceed to your Authorization section on this form.)

Your Authorization

I certify that the information above is accurate and complete. If I have chosen to contribute to the Plan, I give my employer permission to contribute a portion of my salary to the Plan according to the instructions above.

Signature X _____ *Date* ___/___/___

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Important information and signature required on the following page(s)