



Opt-Out of Health Care Savings Program Re-enrollment

Please print clearly • Retain a copy for your records

1. Information about you

Last name*	First name*	Social Security Number*	
Mailing address*	City*	State*	Zip code*
Email address		Phone number (with area code)	
Employer name*		Division number (see your employer or contact MERS)*	

2. Required signature

My signature certifies that I choose to opt out of the Health Care Savings Program (HCSP) re-enrollment. By opting out, I acknowledge that:

1. My HCSP account balance will remain in its current investment allocation until I choose otherwise in accordance with the Program's investment selection procedure, and
2. My HCSP account balance will not be transferred to the Program's new default investment option – the MERS Retirement Strategy.

I understand that this form must be received by MERS before March 22, 2019, in order for my HCSP account balance to remain in its current allocation. If this opt-out form is received on or after March 22, 2019, I understand that my HCSP account balance will be reallocated to the applicable MERS Retirement Strategy on April 1, 2019, and that all future contributions will be invested into the default MERS Retirement Strategy unless and until I choose otherwise in accordance with the Program's investment selection procedure after April 1, 2019.

Participant signature*	Date (mm/dd/yyyy)*
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* Required field

Please submit your completed form to:

MERS of Michigan
1134 Municipal Way
Lansing, MI 48917

Fax: 517.703.9717

servicecenter@mersofmich.com