

MERS Health Care Savings Program

CONTRIBUTION ACKNOWLEDGEMENT FORM



Personal Information

Last name	First name	MI	Last 4 of SSN
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Employee Payroll Deduction of Contributions

I acknowledge the following contribution amount will be deducted from my paycheck each pay period, which cannot be changed.

► **Required contribution amount:** \$_____ or _____%

Signature

Signature*	Date (mm/dd/yyyy)*
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► Please submit your completed form to your **Human Resources representative**. This form should not be submitted to MERS or Empower.

* To review investment options, or manage beneficiaries, please visit empower.com/mers.

➞ What Happens Next

Once you are enrolled in the plan, you will receive communication from **Empower** with instructions on how to register and access your online account.

Your contributions will initially be invested in an age-appropriate **LifePath target date fund**. These funds are professionally managed and diversified, and their investment mix automatically adjusts over time as you move closer to retirement.

You may change your investments at **any time** after your account has been established.