



VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN DECEDENT INFORMATION FORM - Page 1

- Use this form to notify ICMA-RC of:
 - The death of an RHS participant
 - The death of the spouse of a deceased RHS participant
 - The death of a dependent of a deceased RHS participant
- Use blue or black ink.
- Please keep a copy for your records

1 Participant Information *(NOTE: Attach a certified copy of the death certificate to this form.)*

Employer Plan Number _____	Employer Name _____	State _____
Name of Deceased Participant (Last, First and Middle Initial) _____		Mailing Address Street _____
Social Security Number _____-_____-_____		City _____ State _____ Zip Code _____
Date of Birth ____/____/____ Month Day Year	Date of Death ____/____/____ Month Day Year	

2 Information on Individual Completing the Form *(NOTE: See instructions on reverse side.)*

Full Name (Last, First and Middle Initial) _____		Relationship to Decedent _____	
Social Security Number _____-_____-_____		Mailing Address Street _____	
Date of Birth ____/____/____ Month Day Year	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	City _____ State _____ Zip Code _____	
Home Phone Number (____) _____ - _____ Area Code		Work Phone Number (____) _____ - _____ Area Code	

3 Information on Decedent's Spouse *(NOTE: Complete only if different from Section 2.)*

<input type="checkbox"/> No Spouse (Please go to Section 4)		<input type="checkbox"/> Same as Section 2 (Please go to Section 4)	
Full Name (Last, First and Middle Initial) _____		Mailing Address Street _____	
Social Security Number _____-_____-_____		City _____ State _____ Zip Code _____	
Date of Birth ____/____/____ Month Day Year	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	State _____ Zip Code _____	
Home Phone Number (____) _____ - _____ Area Code		Work Phone Number (____) _____ - _____ Area Code	

4 Dependent Information *(NOTE: Attach a separate sheet of paper if you need additional space.)*

<input type="checkbox"/> No Dependents (Please go to Section 6)			
Dependent A: Full Name (Last, First and Middle Initial) _____		Relationship to Decedent _____	
Social Security Number _____-_____-_____		Mailing Address Street _____	
Date of Birth ____/____/____ Month Day Year	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	City _____ State _____ Zip Code _____	
Home Phone Number (____) _____ - _____ Area Code		Work Phone Number (____) _____ - _____ Area Code	



VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN DECEDENT INFORMATION FORM - Page 2

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4 Dependent Information *(NOTE: Attach a separate sheet of paper if you need additional space.)*

Dependent B: Full Name (Last, First and Middle Initial) _____		Relationship to Decedent _____	
Social Security Number _____ - _____ - _____		Mailing Address Street _____	
Date of Birth ____/____/____ Month Day Year	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	City _____	
Home Phone Number (____) _____ - _____ Area Code		Work Phone Number (____) _____ - _____ Area Code	
<input type="checkbox"/> Additional dependents on attached sheet			

5 Guardian Information *(NOTE: Attach a certified copy of the guardian appointment to this form.)*

Guardian for Dependent A: Full Name (Last, First and Middle Initial) _____		Social Security Number _____ - _____ - _____	
Home Phone Number (____) _____ - _____ Area Code		Mailing Address Street _____	
Work Phone Number (____) _____ - _____ Area Code		City _____	
Guardian for Dependent B (if different than above) Full Name (Last, First and Middle Initial) _____		Social Security Number _____ - _____ - _____	
Home Phone Number (____) _____ - _____ Area Code		Mailing Address Street _____	
Work Phone Number (____) _____ - _____ Area Code		City _____	
State _____ Zip Code _____		State _____ Zip Code _____	
<input type="checkbox"/> Additional guardians on attached sheet			

6 Enclosures

I have enclosed the following documents: Participant's Death Certificate (certified copy) Appointment of Guardian (for minor dependents)

7 Certification of Individual Completing Form

I certify that the information given on this form is true and complete, and that the spousal, dependent and guardian information provided in Sections 3, 4 and 5 is accurate. By signing this form, I verify that I am the person specified in Section 2, and I realize that the information provided will be used to determine to whom the decedent's account will be transferred.

Signature: _____

Date: _____



RHS PLAN DECEDENT INFORMATION FORM INSTRUCTIONS

ICMA Retirement Corporation (ICMA-RC) uses the information on this form to ensure that the assets in the deceased participant's ("decedent") account are allocated in accordance with RHS plan requirements. This form may also be used to notify ICMA-RC of the death of the spouse or dependent of the deceased participant.

After completing and signing the form, please submit it to ICMA Retirement Corporation, PO Box 96220, Washington DC, 20090.

Please be sure to keep a copy of all forms and document you submit for your records.

General Information Regarding Treatment of RHS Account After Death

Participant Survived by Spouse/Dependents: Upon the death of the RHS Plan participant, the surviving spouse and/or surviving dependents* are immediately eligible to maintain the account and utilize it to fund eligible medical expenses on a tax-free basis. An account will be established in the name of the surviving spouse, if any. If there is no surviving spouse, the account will be established in the name of the oldest surviving dependent (or guardian thereof for minor dependents).

* Dependents other than a spouse consist of those who meet the following criteria in the year of the participant's death:

- The person is related to the decedent **OR** lived with the decedent for the entire year as a member of the decedent's household, **AND**
- The person was a U.S. citizen (or resident of Canada or Mexico) for some part of the calendar year, **AND**
- The decedent provided over half of the person's total support for the calendar year. (See Publication 502, *Medical and Dental Expenses*, for more information.)

Minor dependents: If no parent resides with the minor, a certified copy of the appointment of guardian by the Court is required before any account transfer can be made. Only one appointment of guardian is required (unless multiple guardians have been assigned for multiple dependents).

Participant Not Survived by Spouse/Dependents: If the participant is not survived by a spouse or any dependents, the remaining account balance will return to the employer's RHS trust.

Death of Survivor: Upon the death of the decedent's surviving spouse and all dependents, remaining RHS assets are returned to the employer's RHS trust.

Survivors (spouse and dependents) may not designate a beneficiary under the RHS Plan.

Investment Allocation: Upon the participant's death, RHS account assets will be transferred to the Vantagepoint Money Market Fund* (or the default fund named by the employer if different). However, the survivor (spouse/dependent as applicable) will be able to reallocate the funds via Account Access (www.icmarc.org), VantageLine (800-669-7400) or an Investor Services Representative.

1. Participant Information

Please complete this section carefully. The employer plan number is available from the decedent's employer or ICMA-RC.

You must attach a certified copy of the death certificate to this form.

2. Information on the Individual Completing the Form

This information is required in case we need to contact you further.

3. Information on Decedent's Spouse

If the person completing the form is not the spouse, the spousal information section must be completed. If there is no surviving spouse, please check the box marked "No Spouse" and proceed to Section 4.

4. Dependent Information

This section provides information on dependents. If you need to designate more than two dependents, please attach a separate sheet of paper. If there are no dependents, please check the box marked "No Dependents" and proceed to Section 6.

If there are minor dependents, proceed to Section 5.

See the General Information section of these instructions for a definition of "dependent".

Changes to dependent information can be made by contacting Meritain Health, Inc. at 1-888-587-9441.

5. Guardian Information

If no parent resides with the minor dependent, attach a certified copy of the Appointment of Guardian to this form. If you need to designate more than two guardians, please attach a separate sheet of paper.

6. Enclosures

Please indicate which enclosures you are attaching with this form.

7. Certification of Individual Completing the Form

Your signature indicates that you certify the veracity of all information given. After you have completed and signed the form, send it to ICMA-RC, P.O. Box 96220, Washington, DC 20090.

** Investments in this Fund are not insured or guaranteed by the Federal Deposit Insurance Corporation (FDIC) or any other government agency. Although the Fund seeks to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in the Fund.*

Please consult the Vantagepoint Funds Prospectus carefully for a complete summary of all fees, expenses, charges, financial highlights, investment objectives, risks and performance information. Investors should consider the Fund's investment objectives, risks, charges and expenses before investing or sending money. The prospectus contains this and other information about the investment company. Please read the prospectus carefully before investing. Vantagepoint Funds are distributed by ICMA-RC Services LLC, a wholly owned broker-dealer subsidiary of ICMA-RC and member NASD/SIPC. For a current prospectus, contact ICMA-RC Services, LLC by calling 800-669-7400 or by writing to 777 North Capitol Street, NE, Washington, DC 20002-4240, or by visiting www.icmarc.org.

