

**Enrollment Form - Contribution Elections****Pottstown Medical Specialists, Inc. Retirement Plan**

Group Number: 808862	Social Security Number:	Location Code: <small>(Plan Sponsor Use Only)</small>
Employee Name: Last: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First:	M.I.

**CONTRIBUTIONS**

- I elect to contribute \_\_\_\_% of my 401(k) before-tax compensation each payroll period. (Must be a whole percentage.)
- I do not elect to contribute to the plan at this time.
- I have a previous retirement account I would like to rollover into this plan. (Please complete the enclosed Rollover Submission Form.)

**SALARY REDUCTION AGREEMENT - 401(k) Plans**

If elected above, by execution of this Enrollment Form, I authorize my Employer to make contributions to the Plan by reducing my compensation as elected. This agreement shall continue in effect while I am employed by the Employer or until it is changed in accordance with the terms of the Plan. I understand that the terms of the Plan may provide the Employer with the authority to reduce or cease my 401(k) contributions to ensure the Plan satisfies the requirements of Section 401(k) of the Internal Revenue Code.

**SIGNATURES**

I understand that these elections will be effective as soon as administratively feasible. I understand that my plan contributions will be invested in investment options offered under a group variable annuity contract issued by Hartford Life Insurance Company. I understand that the value of my plan account under this contract is variable, is not guaranteed, and is subject to the investment experience of the various investment options I have selected. I understand my account may be subject to additional fees as directed by my Plan Sponsor.

\_\_\_\_\_  
Employee Signature

This document has been received and accepted by the Plan Administrator.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Plan Administrator Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Please retain a copy for your records.

To make an investment election, complete the Enrollment Form- Investment Elections page.

Hartford Life Insurance Company • Retirement Plans Group • P.O. Box 1583 • Hartford, CT 06144-1583