

HRSA-ILA

Use this form to: change your tax election, start, stop, or change a contribution to annuity, or start or change your Vacation & Holiday benefit payment election.

Vacation & Holiday Benefit Election

Participant Data (Please Print)

Port #: _____ Social Security #: _____

Name: _____

(Benefit Payment Address: See HRSA-ILA Address Designation Form)

Annual Vacation & Holiday Benefit
Benefits paid December 1 and June 1 following the Contract Year earned.

Annuity & Savings Plan Contribution

I request that _____% or \$_____ be withheld from my **Vacation** benefit and deposited in the HRSA-ILA Annuity & Savings Plan on a pre-tax basis.

I request that _____% or \$_____ be withheld from my **Holiday** benefit and deposited in the HRSA-ILA Annuity & Savings Plan on a pre-tax basis.

Quarterly Vacation & Holiday Benefit
Benefits paid January 15, April 15, July 15, December 1 during the Contract Year earned.

Annuity & Savings Plan Contribution

I request that _____% or \$_____ be withheld from my **Vacation & Holiday** benefit and deposited in the HRSA-ILA Annuity & Savings Plan on a pre-tax basis.

Tax Election, Vacation and Holiday 25% Fed/5.75% State or W4 Method

Please stop my Annuity & Savings Plan Contribution.

I understand:

1. If I have not previously made an investment election under the Savings Plan, these funds will be deposited in the MassMutual Retirement Services Guaranteed Interest Fund, and
2. My Annuity & Savings Plan deposit is subject to all of the limits applicable to qualified retirement plans. If I should exceed those limits a refund will be made to me.
3. This Vacation & Holiday Election will stay in effect until a request for changing it is submitted in writing with my signature.

Participant's Signature _____ Date _____