



Meridian Hospitals Corporation Cash Balance Plan

BENEFICIARY ELECTION FORM

Team Member Name: _____ **Team Member ID#:** _____
(Please Print Name)

Check which status applies to you: ☐ I am married
☐ I am **not** married

In case of my death before I start receiving benefits, I designate the person(s) named below as my Primary Beneficiary(ies) under the Meridian Hospitals Corporation Cash Balance Plan. **If I am married and the person(s) named below is not my spouse, my spouse must complete a Spousal Consent Form when I submit this form.** I realize that I can change my Beneficiary(ies) at any time before benefits commence. **Note: Spousal Consent is still required if spouse and child(ren) are named as 'Primary' Beneficiaries.**

Primary Beneficiary(ies)

Beneficiary Name (Last Name, First Name, Middle Initial)	Date of Birth	Social Security Number	Relationship (spouse, other, estate, trust)	% of Benefit (Combined Total Must = 100%)
TOTAL				100%

If you wish to name someone as Contingent (Secondary) Beneficiary, please use the area below to provide their information.

Contingent (Secondary) Beneficiary(ies)

Beneficiary Name (Last Name, First Name, Middle Initial)	Date of Birth	Social Security Number	Relationship (spouse, other, estate, trust)	% of Benefit (Combined Total Must = 100%)
TOTAL				100%

Certification: Under the penalties of perjury, I certify that the information that is provided on this form is true, correct, and complete.

Team Member Signature

Date

Return Completed Form to Corporate Human Resources:

Meridian Health Human Resources
1430 Route 34
Neptune, NJ 07753-6807
Attn: Retirement Plans Benefits Analyst Fax: 732-751-7542



Meridian Hospitals Corporation Cash Balance Plan

SPOUSAL CONSENT FORM

Team Member Name: _____ Team Member ID #: _____
(Please Print Name)

Please check the status that applies to you: ☐ I am married
☐ I am **not** married

If married, your spouse must complete the following:

Note: Under Federal Law, your spouse must complete this section within 180 days of benefit commencement if you have elected an option other than a joint and survivor option, or if you elected a joint and survivor option and the contingent annuitant is not your spouse. Your spouse can sign the consent in front of the plan administrator or have his/her signature notarized.

- I certify that I am the legal spouse of the above-named person.
- I understand that the normal form of payment to a married participant is the 50% Joint and Survivor annuity, which would provide a monthly income for life to me if my spouse dies before me.
- I have been provided an explanation of the terms and conditions of the 50% Joint and Survivor annuity.
- I understand that my spouse has not chosen a Joint and Survivor Annuity and/or has named someone other than me as the contingent annuitant.
- I agree to this election and waive my rights to receive lifetime benefits from this Plan.

Spouse's Signature

Date

Certification of Notary

Sworn and subscribed before me on _____
Date

Signature of Notary Public

Commission Expiration Date

AFFIX SEAL OR STAMP

OR

Plan Administrator's Signature

Date

Plan Administrator's Name Printed