



**Participant Enrollment
401(k) Plan**

HRSA-ILA Annuity & Savings Plan

780333-01

Participant Information

Last Name _____ First Name _____ MI _____ <i>(The name provided MUST match the name on file with Service Provider.)</i>	Social Security Number _____
Mailing Address _____	E-Mail Address _____
City _____ State _____ Zip Code _____	Mo _____ Day _____ Year _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
(____) _____ (____) _____ Home Phone Work Phone	_____ <input type="checkbox"/> Married <input type="checkbox"/> Unmarried Date of Birth

Payroll Information

- I elect to contribute \$ _____ or _____% (do not complete both) per pay period of my compensation as before-tax contributions to the 401(k) Plan until such time as I revoke or amend my election.
- Note: The total of your before-tax deferrals cannot exceed \$20,500.00.
- I decline to make contributions to the Plan at this time.

Payroll Effective Date: _____ Date of Hire: _____
 Mo Day Year Mo Day Year

Investment Option Information (applies to all contributions) - Please refer to your enrollment packet for investment descriptions.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

See below for Participation Agreement and Required Signatures

INVESTMENT ELECTION FOR ALL CONTS - Deferred Salary, Employee After-Tax, Employer

<u>Investment Option Name</u>	<u>Investment Option Code</u> (Internal Use Only)	_____ %	<u>Investment Option Name</u>	<u>Investment Option Code</u> (Internal Use Only)	_____ %
Empower International Index Inv.....	S4705F	_____ %	MassMutual Select TRP Retirement 2060 M4.....	S4818F	_____ %
MassMutual Global Adm.....	S4698F	_____ %	MassMutual Select TRP Retirement 2055 M4.....	S2881C	_____ %
Empower S&P SmallCap 600 Index Inv.....	S4842F	_____ %	MassMutual Select TRP Retirement 2050 M4.....	S2898C	_____ %
Invesco Small Cap Value A.....	S7033F	_____ %	MassMutual Select TRP Retirement 2045 M4.....	S2869C	_____ %
MassMutual Small Cap Opps Adm.....	S7122F	_____ %	MassMutual Select TRP Retirement 2040 M4.....	S2901C	_____ %
MassMutual Small Cap Gr Eq Adm.....	S6962F	_____ %	MassMutual Select TRP Retirement 2035 M4.....	S2887C	_____ %
American Century Mid Cap Value Inv.....	S9212D	_____ %	MassMutual Select TRP Retirement 2030 M4.....	S2876C	_____ %
Empower S&P Mid Cap 400 Index Inv.....	S4843F	_____ %	MassMutual Select TRP Retirement 2025 M4.....	S2873C	_____ %
MassMutual Mid Cap Growth A.....	S4754F	_____ %	MassMutual Select TRP Retirement 2020 M4.....	S2878C	_____ %
MassMutual Blue Chip Growth Adm.....	S4781F	_____ %	MassMutual Select TRP Retirement 2015 M4.....	S2870C	_____ %
MassMutual Equity Opports Adm.....	S7768F	_____ %	MassMutual Select TRP Retirement 2010 M4.....	S2871C	_____ %
MassMutual Diversified Value Adm.....	S7163F	_____ %	MassMutual 40/60 Allocation R4.....	S7410F	_____ %
MM S&P 500 Index Adm.....	S4717F	_____ %	MassMutual Select TRP Retirement 2005 M4.....	S4697F	_____ %
MassMutual Growth Opps Adm.....	S5958F	_____ %	MassMutual 60/40 Allocation R4.....	S7022F	_____ %
MassMutual 80/20 Allocation R4.....	S6728F	_____ %	General Account.....	MGDJB3	_____ %
MassMutual 20/80 Allocation R4.....	S6679F	_____ %	MassMutual Core Bond Adm.....	S7550F	_____ %
MUST INDICATE WHOLE PERCENTAGES					=100%

INVESTMENT ELECTION FOR ROLLOVER - After-Tax Rollover, Employee Rollover, Rollover (MassMutual)

<u>Investment Option Name</u>	<u>Investment Option Code</u> (Internal Use Only)	_____ %	<u>Investment Option Name</u>	<u>Investment Option Code</u> (Internal Use Only)	_____ %
Empower International Index Inv.....	S4705F	_____ %	MassMutual Select TRP Retirement 2060 M4.....	S4818F	_____ %
MassMutual Global Adm.....	S4698F	_____ %	MassMutual Select TRP Retirement 2055 M4.....	S2881C	_____ %
Empower S&P SmallCap 600 Index Inv.....	S4842F	_____ %	MassMutual Select TRP Retirement 2050 M4.....	S2898C	_____ %

Last Name

First Name

M.I.

Social Security Number

Number

Investment Option Name**Investment
Option Code**
(Internal Use Only)

Invesco Small Cap Value A.....	S7033F	_____ %
MassMutual Small Cap Opps Adm.....	S7122F	_____ %
MassMutual Small Cap Gr Eq Adm.....	S6962F	_____ %
American Century Mid Cap Value Inv.....	S9212D	_____ %
Empower S&P Mid Cap 400 Index Inv.....	S4843F	_____ %
MassMutual Mid Cap Growth A.....	S4754F	_____ %
MassMutual Blue Chip Growth Adm.....	S4781F	_____ %
MassMutual Equity Opports Adm.....	S7768F	_____ %
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MassMutual 80/20 Allocation R4.....	S6728F	_____ %
MassMutual 20/80 Allocation R4.....	S6679F	_____ %

Investment Option Name**Investment
Option Code**
(Internal Use Only)

MassMutual Select TRP Retirement 2045 M4.....	S2869C	_____ %
MassMutual Select TRP Retirement 2040 M4.....	S2901C	_____ %
MassMutual Select TRP Retirement 2035 M4.....	S2887C	_____ %
MassMutual Select TRP Retirement 2030 M4.....	S2876C	_____ %
MassMutual Select TRP Retirement 2025 M4.....	S2873C	_____ %
MassMutual Select TRP Retirement 2020 M4.....	S2878C	_____ %
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General Account.....	MGDJB3	_____ %
MassMutual Core Bond Adm.....	S7550F	_____ %

MUST INDICATE WHOLE PERCENTAGES =100%

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once my account has been established, I understand that I must call 1-833-569-2433 or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after my account is established will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will be only processed from the date of notification forward and not on a retroactive basis.

Required Signature(s) - I have completed, understand and agree to all pages of this Participant Enrollment form.

Participant Signature

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Date**Participant** forward to Plan Administrator**Plan Administrator** forward to Service Provider at:

Empower
PO Box 56025
Boston, MA 02205-6025

Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone#: 1-833-569-2433

We will not accept hand delivered forms at Express Mail addresses.

Authorized Plan Administrator

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Date**Print Full Name**

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Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. Empower is not affiliated with MassMutual or its affiliates.