

# A Guide to Using The Hartford's Electronic Enrollment

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Hartford*Online* Enroll is an Internet-based service that makes it easy and convenient for you to join your employer's retirement plan. You can access electronic enrollment at your convenience from anywhere you have Internet access – 24 hours a day, seven days a week. With this service, you submit your enrollment request electronically to The Hartford, avoiding the extra step and delay that paper forms add to the enrollment process. Simply log on to <http://retire.hartfordlife.com> and follow these steps:

1. At the "Welcome" screen, click on the "Hartford*Online* Enroll" link.
2. At the "Login" screen, type in your user ID, which is your Social Security Number. Then type in your PIN, exactly as it appears here: 809582  
This number is assigned by The Hartford to your plan. Click on the "Login" button to continue.
3. Next is the "Welcome to Hartford*Online* Enroll" screen, which contains important information about the electronic enrollment process. Please read it in its entirety and click the "Accept" button if you accept the statements. If you click the "Do Not Accept" button you will terminate the online enrollment session.
4. Now you start the enrollment process. The first screen is "Personal Information." Enter your information in the appropriate fields. Some data may be prefilled. Complete any empty fields and make any corrections to prefilled data. **Please note:** You will *not* be able to edit prefilled salary or date-of-hire information. Please contact your employer to make any corrections to fields you cannot edit.
5. On the "Deferral" screen, type in the amount you would like to contribute to your employer's retirement plan in the "Salary Deferral Information" section.  
Click "Next" to continue
6. On the "Elections" screen, select your investment elections. Please use whole percentages and select investment elections that total 100%. You will also be able to view performance for the investment

elections available under your plan on this screen.  
Click "Next" to continue.

7. On the "Beneficiary" screen you have the option of designating a beneficiary for your participant account. If you wish to designate a beneficiary, please click on the link ("[here](#)") to download and print the beneficiary form. A copy of this form is also included in this booklet. You must complete, sign, and submit the form to your **employer** for the beneficiary designation to be effective.  
Click "Next" to continue.
8. On the "Disclosure" screen, please read the statements and click the "Accept" button if you agree with the statements. You have now provided all the data necessary to submit an enrollment request. If you click the "Do Not Accept" button the session will terminate and The Hartford will not process your enrollment request.
9. On the "Verification" screen, review the information to make sure that the data is accurate. If you find an error you can make corrections by clicking on the "edit information" box for the section that needs to be corrected. Once you are sure the data is accurate, click the "Confirm" button to continue.
10. When the "Confirmation" screen displays, you should keep a record of the confirmation number by printing this screen. You will receive written confirmation and e-mail confirmation (if you provided your e-mail address). Click the "Logout" button to exit the electronic enrollment site. Enrollment is complete when you receive your welcome letter via U.S. mail. The welcome letter will include your new PIN for access to your retirement plan account information.

If you have any questions about using Hartford*Online* Enroll, please call 1-800-339-4015 during normal business hours, Monday through Thursday, 8 a.m. to 7 p.m., and Friday, 8 a.m. to 6 p.m., Eastern Time, excluding holidays.

**Enrollment Form - Investment Elections**

**Cirrus Medical Staffing 401(k) Plan**

Group Number: 809582		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.
Address:				Phone Number:	
City:		State:		Zip:	
Date of Birth:	Marital Status (S or M):		Date of Hire:	Date of Eligibility:	

**INVESTMENT ELECTION**

I understand that the Plan Sponsor has directed my existing accumulated account balance (if any) under the plan to be transferred to Hartford Life Insurance Company and invested in one or more of the funds below as specified by the Plan Sponsor. (For more information, contact your Plan Sponsor.) I elect to have all future contributions allocated based on my selections below. **(Must total 100% - Whole percentages only.) I understand that this Enrollment Form is to be used to record my initial investment option election and may not be used for investment option transfers or investment option allocation changes. To make investment changes please call 1-800-339-4015 or visit retire.hartfordlife.com. I also understand that if I fail to establish investment elections, my future contributions may be invested as directed by the Plan Administrator until I change my future investment allocation under the Plan's procedures.**

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|---|--|
| _____ % N4 - American Funds Capital World Growth and Income | _____ % JH - LifePath 2010                     |
| _____ % 5Y - American Funds The Growth Fund of America      | _____ % JJ - LifePath 2020                     |
| _____ % CV - American Funds The Income Fund of America      | _____ % JK - LifePath 2030                     |
| _____ % P5 - BlackRock Global Allocation                    | _____ % JL - LifePath 2040                     |
| _____ % DB - Columbia Small Cap Value II                    | _____ % JM - LifePath Retirement               |
| _____ % 9R - Eaton Vance Dividend Builder                   | _____ % BL - PIMCO Total Return                |
| _____ % 4Z - Fidelity Advisor Leveraged Company Stock       | _____ % PT - Pioneer High Yield                |
| _____ % LU - Franklin Income                                | _____ % 8N - SEI Stable Asset                  |
| _____ % 8E - Goldman Sachs Government Income                | _____ % AC - The Hartford Capital Appreciation |
| _____ % 1I - Hartford Small Company HLS                     | _____ % QD - Thornburg International Value     |

**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.

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

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

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

**FOR INITIAL  
ENROLLMENT  
PURPOSES  
ONLY**

**Enrollment Form - Contribution Elections**

**Cirrus Medical Staffing 401(k) Plan**

Group Number: 809582	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

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

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

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

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

**Beneficiary Designation Form**

**Cirrus Medical Staffing 401(k) Plan**

Group Number: 809582	Social Security Number:
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**EMPLOYEE INFORMATION**

Last Name:	First:	M.I.
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**Are you currently married?**

- Yes  If you designate your spouse as the Primary Beneficiary for less than 100% of your death benefit, your spouse must sign the Spousal Consent Agreement below. In addition, if applicable, the Plan Administrator may require you to complete a qualified preretirement survivor annuity waiver.
- No

Receipt of this form in the offices of your Employer cancels all prior beneficiary designations and spousal consent filed with your Employer. No change of Beneficiary will take effect until this request has been received in good order by your Employer.

**BENEFICIARY INFORMATION**

Upon your death, all proceeds from the Plan will be paid to your beneficiary(ies) in the order specified below. Only you, the participant, may change this designation. If you do not designate a beneficiary, or your beneficiary and spouse, if any, does not survive you, your death benefit will be paid according to the terms of the plan.

Please type or print the following information for each beneficiary:

Primary Beneficiary (ies) Full name of Individual or Trust (and date of trust if applicable)	Address	SS#/TIN	Date of Birth	Relationship to the Participant	Percentage of Death Benefit <small>(Must be a whole percentage)</small>

Contingent Beneficiary (ies) Full name of Individual or Trust (and date of trust if applicable)	Address	SS#/TIN	Date of Birth	Relationship to the Participant	Percentage of Death Benefit <small>(Must be a whole percentage)</small>

**PLEASE SEE THE REVERSE SIDE FOR EXAMPLES OF PROPER BENEFICIARY DESIGNATIONS**

I hereby designate the person(s) listed above as my beneficiary(ies) under the Plan.

_____	_____/_____/_____
Employee Signature	Date

**Spousal Consent Agreement** – *To be completed if Primary Beneficiary is other than spouse (if applicable)*

This notice will certify that, as spouse of the Participant named above, I have consented to my spouse naming the person(s) listed above as Primary Beneficiary(ies) of any death benefits provided by the Plan. I hereby waive any and all rights I may have received under the Plan had this Spousal Consent not been granted.

_____	_____/_____/_____
Spousal Signature	Date

_____	_____/_____/_____
Signature of Witness (Plan Administrator or Notary Public)	Date

**TO BE RETAINED BY PLAN ADMINISTRATOR**

## BENEFICIARY DESIGNATION

- A. If you are married, the beneficiary you designate must be your spouse unless your spouse consents in writing, as witnessed by a Notary Public or plan administrator, to designate another beneficiary.
- B. A married woman should be indicated by her own given name, not that of her husband. Example: Mary N. Jones, not Mrs. John R. Jones.
- C. Please complete the Beneficiary Designation **including** name, address, Social Security number, date of birth, relationship, and percentage of death benefit (totaling 100%).

Listed below are some common beneficiary designations:

### Type of Beneficiary

### Examples of Designations

One Beneficiary

Jane Doe, wife, 100%

Two or more Primary Beneficiaries,  
**equally among the survivors**

John Doe, son, 33%  
Carol Smith, daughter, 33%  
Mark Doe, son 34%  
or equally among the survivor(s)

Two or more Primary Beneficiaries,  
**with their share to their children**

John Doe, son, 33%  
Carol Smith, daughter, 33%  
Mark Doe, son 34%  
per stirpes

Primary and Contingent Beneficiaries

Jane Doe, wife, 100% if living;  
otherwise, children (name each child)

**either**

equally among the survivors

per stirpes

**or**

Participant's Estate  
Trustee

Participant's Estate

Jane Doe, trustee under trust  
agreement\* dated...

If the word "trustee" is used in a beneficiary designation, the date of the execution of the agreement or a copy of the trust agreement must be furnished.

Please retain a copy for your records.