SECURITY BENEFIT®

Security Benefit
Group Healthcare Reimbursement Account (HRA)
Employee Enrollment Form

Questions? Call our National Service Center at 1-800-747-3942.

Instructions

Complete the entire form to establish a new Healthcare Reimbursement Account. Provide your employer a copy of this form. Please type or print.

1. Provide Participant Information

Participant Name_____ _____ _____ ❍ Male ❍ Female
First MI Last

Mailing Address_____ _____ _____ _____
Street Address City State ZIP Code

Residential Address_____ _____ _____ _____
(if different from mailing address) Street Address City State ZIP Code

Social Security Number _____ Date of Birth _____
(mm/dd/yyyy)

Daytime Phone Number _____ Home Phone Number _____

Date of Hire _____ Annual Income $ _____ Occupation_____
(mm/dd/yyyy)

2. Provide Employer Information

Plan Number _____ Employer Name_____

Union/Association (Collective Bargained Only) _____

3. Provide Investment Directions

If no direction is provided, your existing account balance and future contributions will be invested in *the JPMorgan U.S. Government Money Market.* *($25 minimum contribution, $10 per fund).*

____ % American Century Ultra®
____ % Dreyfus Appreciation
____ % Fidelity® Advisor Dividend Growth
____ % Fidelity® Advisor International Capital Appreciation [1]
____ % Fidelity® Advisor Stock Selector Mid Cap [2]
____ % Fidelity® Advisor Value Strategies
____ % Guggenheim High Yield
____ % Guggenheim Mid Cap Value
____ % Guggenheim StylePlus Large Core
____ % Guggenheim StylePlus Mid Growth
____ % Guggenheim U.S. Investment Grade Bond
____ % Guggenheim World Equity Income
____ % Invesco Comstock
____ % Invesco Equity and Income
____ % Invesco Mid Cap Core Equity
____ % Invesco Mid Cap Growth
____ % Invesco Technology
____ % Invesco Value Opportunities
____ % JPMorgan U.S. Government Money Market
____ % Neuberger Berman Socially Responsive
____ % Wells Fargo Opportunity
____ % Wells Fargo Small Cap Value

Must Total 100%

[1] Investments in this fund that are withdrawn or transferred may be assessed a redemption fee, which is retained by the fund. Please consult with your financial advisor.

[2] Fund is not available for all plans.

4. Provide Dependent Information

For additional Dependents, please attach a separate list to the end of this enrollment form.

	Dependent Name	Social Security No.	DOB (mm/dd/yyyy)	Relationship to Owner
1.				
2.				
3.				
4.				

5. Provide Signatures

I have read and understand the information on the back of this form.

X_____ _____
Signature of Participant Date (mm/dd/yyyy)

Name of Financial Advisor_____ Financial Advisor Number_____

X_____ _____
Signature of Financial Advisor Date (mm/dd/yyyy)

Set Up Electronic Privileges

Transactions may be requested via telephone, Internet, or other electronic means by the Participant and/or servicing sales representative based on instructions of the Participant.

Reasonable procedures have been established by Security Distributors to confirm that instructions communicated by telephone are genuine and may be liable for any losses due to fraudulent or unauthorized investors if it fails to comply with its procedures. Neither the Fund nor Security Distributors will be liable for any loss, liability, cost or expenses arising out of any telephone request, provided the procedures were followed. Thus, a stockholder may bear the risk of loss from a fraudulent or unauthorized request.

Disclosures

– I hereby acknowledge that I have been provided a Plan Summary from my employer which describes the new Security Benefit Group Healthcare Reimbursement Account® (HRA).

– If I choose not to complete the allocation above, I further understand that, as a default, monies invested into my account will be allocated to the JPMorgan U.S. Government Money Market until such time as I elect to contact the Security Benefit National Service Center at 1.800.747.3942 or by accessing the Security Benefit Retirement Center web site at www.securityretirement.com to make an account change.

Mail to:
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P.O. Box 55976
Boston, MA 02205-5976
Fax to: 1-816-701-7626

Overnight delivery:
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Visit us online at www.securityretirement.com