

# BenefitsForYou® Enrollment Form



Return Completed form to your Employer  
Do not return to Cuna Mutual Group

## PARTICIPANT INFORMATION

Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Hire/Rehire Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Personal Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

## PLAN INFORMATION

Plan Name	Plan Identifier
Karuk Tribe Employees Savings Trust	702467

## EMPLOYEE CONTRIBUTION ELECTIONS

- I elect to participate and contribute \_\_\_\_% or \$ \_\_\_\_\_ of compensation per pay period on a pre-tax basis (Please refer to *Annual Contribution and Benefit Limits* found on BenefitsForYou.com.)
- I elect not to make elective deferrals until further notice. I understand that if I do not participate now, or discontinue participation, I must wait until the next available enrollment date.

**Catch-up Contributions:** If you will be 50 years old or older as of the last day of the calendar year and otherwise contribute the maximum allowable amount to the Plan, you are entitled to make additional “catch-up” contributions. (Please refer to *Annual Contribution and Benefit Limits* found on BenefitsForYou.com.) See your Plan Administrator for more details on how to make these catch up contributions.

## INVESTMENT ELECTIONS

To select your investments, log onto BenefitsForYou.com or contact our Participant Service Center at 800.999.8786 for assistance. If you do not select your investment election prior to your contributions being made to the plan, your contributions will be allocated to the Plan’s default fund. You can find more information regarding your Plan’s default fund on the fund fact sheet located in the enrollment book or at BenefitsForYou.com. (Your year of birth and the assumed retirement age of 65 is used to determine your appropriate fund in the target date set.)

**Plan Default Investment:**  
American Funds US Government MMkt A

## PARTICIPANT SIGNATURE:



I, the undersigned, consent to making the preceding salary deferral election. I understand that my Employer will begin processing my elections and/or changes as soon as administratively possible.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_