

Welcome to the Newborn Nurses 401(k) Plan

Enroll today

Enrollment Form

1. Employee Information (Please Print)

Married Not Married

Social Security No.: _____ - _____ - _____

First Name _____ M.I. _____

Last Name _____

Mailing Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Date of Birth _____ Date of Hire _____

2. Contribution Amount

I elect to contribute every pay period the following percentage and understand that I can request a change to this election:

_____% on a before-tax basis (enter a percentage, 100% is the maximum).

The Company may match the contributions you make to the plan during the year. The match amount is discretionary and will be determined at the end of the plan year.

3. Catch-Up Contribution

Consider making a deferral Catch-up Contribution: if you will be at least 50 years of age by year end, and will contribute the maximum permitted by the plan, or will reach the federal limit by year end (\$17,000 in 2012). The maximum deferral Catch-up Contribution is \$5,500 in 2012.

I elect to contribute:

\$_____.00 per pay period as a deferral Catch-up Contribution.

_____% of my eligible compensation as a deferral Catch-up Contribution (enter a percentage from 1% to 100%).

\$_____.00 as a one-time Catch-up Contribution.

I elect to stop making deferral Catch-up Contributions (except as noted below).

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4. Investment Mix

Please invest my *future* plan contributions as indicated.

Option A: Target Maturity Series

The Target Maturity Series is designed for you to allocate 100% of your contribution to the one investment choice that most closely matches your projected retirement date. These investment options are diversified and structured to grow more conservative as the investment option's target date approaches. **Select only one.**

If you selected Option A, sign and date in Section 5. Otherwise, proceed to Option B.

		Check One
845	Vanguard Target Retirement 2005 Ret Opt (Class: Investor)	<input type="checkbox"/> 100%
1243	Vanguard Target Retirement 2010 Ret Opt (Class: Investor)	<input type="checkbox"/> 100%
846	Vanguard Target Retirement 2015 Ret Opt (Class: Investor)	<input type="checkbox"/> 100%
1244	Vanguard Target Retirement 2020 Ret Opt (Class: Investor)	<input type="checkbox"/> 100%
847	Vanguard Target Retirement 2025 Ret Opt (Class: Investor)	<input type="checkbox"/> 100%
1245	Vanguard Target Retirement 2030 Ret Opt (Class: Investor)	<input type="checkbox"/> 100%
848	Vanguard Target Retirement 2035 Ret Opt (Class: Investor)	<input type="checkbox"/> 100%
1246	Vanguard Target Retirement 2040 Ret Opt (Class: Investor)	<input type="checkbox"/> 100%
849	Vanguard Target Retirement 2045 Ret Opt (Class: Investor)	<input type="checkbox"/> 100%
1247	Vanguard Target Retirement 2050 Ret Opt (Class: Investor)	<input type="checkbox"/> 100%

Option B: Strategic Allocation Series

The Strategic Allocation Series is designed for you to allocate 100% of your contributions to the one investment choice that most closely matches your investment mix reflective of your selected time horizon. **Select only one.**

If you selected Option B, sign and date in Section 5. Otherwise, proceed to Option C.

		Check One
1123	Transamerica Asset Allocation - Conservative Portfolio Ret Opt (Class: A) (Short Intermediate Horizon 5 - 12 years)	<input type="checkbox"/> 100%
1124	Transamerica Asset Allocation - Moderate Portfolio Ret Opt (Class: A) (Intermediate Horizon 8 - 15 years)	<input type="checkbox"/> 100%
1125	Transamerica Asset Allocation - Moderate Growth Portfolio Ret Opt (Class: A) (Intermediate/Long Horizon 14 - 20 years)	<input type="checkbox"/> 100%
1126	Transamerica Asset Allocation - Growth Portfolio Ret Opt (Class: A) (Long Horizon 20 or more years)	<input type="checkbox"/> 100%

Option C: Create Your Own Investment Portfolio

If you prefer to create your own investment portfolio, just select from the following available investment choices. All elections must be in whole percentages and total 100%. If you elect to join the plan and fail to make an investment election, or your elections do not equal 100%, your contribution will be invested in the Target Maturity Series that most closely matches a projected retirement at age 65.

Asset Class	Sub Asset Class	Investment Choice	% of Contribution
Cash Equivalents			
		1374 Transamerica Stable Value Advantage Option (Class: N/A)	_____ .0%
Bond			
	<i>Short Term</i>	635 Transamerica Partners High Quality Bond Ret Opt (Class: N/A)	_____ .0%
	<i>Intermediate Term</i>	100 AEGON Bond Ret Opt (Class: N/A)	_____ .0%
		1226 Loomis Sayles Investment Grade Bond Ret Opt (Class: N/A)	_____ .0%
		821 SSgA U.S. Bond Index Ret Opt (Class: N/A)	_____ .0%
	<i>Long Term</i>	150 Loomis Sayles Bond Ret Opt (Class: N/A)	_____ .0%
High Yield Bond			
		228 Columbia Income Opportunities Inv Opt (Class: A)	_____ .0%

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Asset Class	Sub Asset Class	Investment Choice	% of Contribution
International/Global Bond			
		1229 Oppenheimer International Bond Ret Opt (Class: Y)	_____ .0%
Hybrid			
	<i>Balanced</i>	634 American Funds Balanced Inv Opt (Class: R-3)	_____ .0%
		394 Janus Balanced Inv Opt (Class: S)	_____ .0%
	<i>Strategic Allocation Series</i>	1123 Transamerica Asset Allocation - Conservative Portfolio Ret Opt (Class: A)	_____ .0%
		1124 Transamerica Asset Allocation - Moderate Portfolio Ret Opt (Class: A)	_____ .0%
		1125 Transamerica Asset Allocation - Moderate Growth Portfolio Ret Opt (Class: A)	_____ .0%
		1126 Transamerica Asset Allocation - Growth Portfolio Ret Opt (Class: A)	_____ .0%
	<i>Target Maturity Series</i>	845 Vanguard Target Retirement 2005 Ret Opt (Class: Investor)	_____ .0%
		1243 Vanguard Target Retirement 2010 Ret Opt (Class: Investor)	_____ .0%
		846 Vanguard Target Retirement 2015 Ret Opt (Class: Investor)	_____ .0%
		1244 Vanguard Target Retirement 2020 Ret Opt (Class: Investor)	_____ .0%
		847 Vanguard Target Retirement 2025 Ret Opt (Class: Investor)	_____ .0%
		1245 Vanguard Target Retirement 2030 Ret Opt (Class: Investor)	_____ .0%
		848 Vanguard Target Retirement 2035 Ret Opt (Class: Investor)	_____ .0%
		1246 Vanguard Target Retirement 2040 Ret Opt (Class: Investor)	_____ .0%
		849 Vanguard Target Retirement 2045 Ret Opt (Class: Investor)	_____ .0%
		1247 Vanguard Target Retirement 2050 Ret Opt (Class: Investor)	_____ .0%
Large/Mid Value Equity			
	<i>Large Cap</i>	616 American Funds Washington Mutual Investors Inv Opt (Class: R-3)	_____ .0%
		1350 BlackRock Equity Dividend Inv Opt (Class: R)	_____ .0%
		185 Fidelity Advisor Equity Income Inv Opt (Class: T)	_____ .0%
		448 Invesco Van Kampen Value Opportunities Inv Opt (Class: A)	_____ .0%
		1906 RidgeWorth Large Cap Value Equity Ret Opt (Class: I)	_____ .0%
	<i>Mid Cap</i>	397 Columbia Mid Cap Value Inv Opt (Class: A)	_____ .0%
		427 Transamerica Partners Mid Value Ret Opt (Class: N/A)	_____ .0%
Large/Mid Blend Equity			
	<i>Large Cap</i>	1403 Thornburg Value Ret Opt (Class: R-3)	_____ .0%
		538 Transamerica Partners Stock Index Ret Opt (Class: N/A)	_____ .0%
		1248 Vanguard Total Stock Market Index Ret Opt (Class: Signal)	_____ .0%
	<i>Mid Cap</i>	841 Invesco Mid Cap Core Equity Inv Opt (Class: A)	_____ .0%
		820 SSgA S&P Mid Cap Index Ret Opt (Class: N/A)	_____ .0%
Large/Mid Growth Equity			
	<i>Large Cap</i>	623 American Funds Growth Fund of America Inv Opt (Class: R-3)	_____ .0%
		665 Columbia Marsico 21st Century Inv Opt (Class: A)	_____ .0%
		166 Morgan Stanley Growth Ret Opt (Class: N/A)	_____ .0%
		1255 SSgA Russell Large Cap Growth Index Ret Opt (Class: N/A)	_____ .0%
	<i>Mid Cap</i>	1406 Alger SMid Cap Growth Ret Opt (Class: A)	_____ .0%
		838 American Century Vista Inv Opt (Class: A)	_____ .0%
		197 Franklin Small-Mid Cap Growth Ret Opt (Class: N/A)	_____ .0%

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Asset Class	Sub Asset Class	Investment Choice	% of Contribution
Small Company Equity			
	<i>Value</i>	1233 Transamerica Systematic Small/Mid Cap Value Ret Opt (Class: A)	_____ .0%
	<i>Blend</i>	1241 Vanguard Small-Cap Index Ret Opt (Class: Signal)	_____ .0%
	<i>Growth</i>	390 Invesco Small Cap Growth Inv Opt (Class: A)	_____ .0%
Global Equity			
		631 American Funds New Perspective Inv Opt (Class: R-3)	_____ .0%
		216 Oppenheimer Global Ret Opt (Class: N/A)	_____ .0%
International Equity			
		1208 American Funds EuroPacific Growth Ret Opt (Class: R-5)	_____ .0%
		1404 Thornburg International Value Ret Opt (Class: R-5)	_____ .0%
Specialty			
		1215 Nuveen Real Estate Securities Ret Opt (Class: I)	_____ .0%
		1351 Wells Fargo Advantage Utility and Telecommunications Inv Opt (Class: A)	_____ .0%
Total for all investment choices must equal 100%:			100.0%

5. Authorization and Signature

I hereby authorize payroll deduction of plan contributions in accordance with the level(s) I have indicated in Sections 2 and 3. I understand this constitutes a "cash or deferred arrangement" under section 401(k) of the Internal Revenue Code and that my contributions are subject to the withdrawal restrictions of the plan. By authorizing a payroll deduction, I understand I am electing to defer a portion of my salary to the Newborn Nurses 401(k) Plan. I understand that certain limitations are imposed on my contributions by federal law and that my contributions may be refunded to comply with these laws. I further agree that neither Health Care Consultants, Inc. DBA Newborn Nurses, the plan trustee, nor their affiliates will be liable for any loss when acting upon my instructions believed to be genuine.

I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Plan Administrator has properly implemented my contribution election(s). Furthermore, I have a duty to inform the Plan Administrator in writing if I discover any discrepancy between my pay records and the election(s) I have made in this Enrollment Form. I understand I may modify my deferral rate prospectively, at the time I notify Plan Administrator in writing, consistent with the Plan terms.

EMPLOYEE SIGNATURE _____ DATE _____

For Plan Administrator Use Only:

PLAN ADMINISTRATOR SIGNATURE _____ DATE _____

MAIL TO:

Processing Center: 8488 Shepherd Farm Drive, West Chester, OH 45069 Fax#: (877) 449-4443

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Important Notes

- If you exceed legal/plan limits on regular 401(k) contributions, the excess will be automatically recharacterized as Catch-up Contributions, up to the limit for Catch-up Contributions for the year.
- Your Catch-up Contribution election will carry over from year to year, except for one-time contributions. You may change your Catch-up Contribution election at any time by completing a Change Form.
- The investment mix of Catch-up Contributions will be the same as your regular before-tax contributions. The federal limits may affect the amount you can contribute to the plan each year.
- If you are making Catch-up Contributions but do not satisfy both the age and contribution requirements listed as #1 and #2 above, your Catch-up Contributions will be re-categorized as regular before-tax contributions, rather than Catch-up Contributions, at the end of the year.
- Please be aware that one-time deductions do not carry over to other periods.
- Your contribution's effective date is determined by your plan sponsor's requirements.

Newborn Nurses 401(k) Plan

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Beneficiary Form

Social Security No.: _____

You may name anyone you wish as your beneficiary. However, **if you are married and you name someone other than your spouse as beneficiary for all or part of the benefits payable, your spouse must consent to the beneficiary designation and complete Section 7.** If your spouse does not complete Section 7, your beneficiary will be your spouse, even if you designate a different beneficiary on this form. Remember that changes in marital status may affect your beneficiary designations, so be sure to keep your designation current.

Submit this completed form to your plan administrator.

6. Beneficiary Designation

I name the following individual(s) to receive my plan benefits in the event of my death in accordance with the terms of the plan. This beneficiary designation cancels and replaces all prior designations and settlement agreements which I have made under the plan. Benefits will be paid to my primary beneficiary(ies) if living. Benefits will be paid to my contingent beneficiary(ies) only if none of my primary beneficiaries are living.

Percentages below must equal 100% for Primary Beneficiary(ies).

-and-

Percentages below must also equal 100% for Contingent (Secondary) Beneficiary(ies) - if any.

Primary Plan Beneficiary(ies) - Will receive benefits in the event of your death.

Beneficiary Name(s) and Address(es)	Relationship	Date of Birth	Social Security Number	Share of Benefits (%)

Contingent Plan Beneficiary(ies) - Will receive benefits if no primary beneficiary is living at the time of your death.

Beneficiary Name(s) and Address(es)	Relationship	Date of Birth	Social Security Number	Share of Benefits (%)

NOTE: If you do not designate a percentage for your primary beneficiaries, the benefit will be equally divided among your primary beneficiaries who survive you. If no primary beneficiary survives you and you do not designate a percentage for your contingent beneficiaries, the benefit will be equally divided among your contingent beneficiaries who survive you. If no beneficiary survives you, benefits will be paid as provided under the plan.

Participant Signature _____ Date _____

Signed at (City and State) _____ Date _____

Participant Name (Please Print) _____

Newborn Nurses 401(k) Plan Beneficiary Form

Social Security No.: _____ - _____ - _____

7. Spousal Consent - This section must be completed if your spouse is not designated (100%) as Primary Beneficiary

I, spouse of _____, hereby consent to the designation of the beneficiary(ies) named on this form. I understand that my spouse has designated someone other than (or in addition to) myself as a beneficiary to receive benefits under this plan. I understand the financial impact of this designation. I also understand that my consent to this designation is irrevocable.

If the plan includes joint and survivor provisions, by signing below, I hereby waive all rights to the pre-retirement survivor benefit with respect to that portion of the plan benefits payable to a beneficiary other than myself.

Spouse Name _____

Spouse Signature _____ Date _____

Notary Public or Plan Representative Signature Required:

Subscribed and sworn to me before this _____ day of _____,

Signature _____

State _____ County _____