Emeriti Health Account

Instructions for Making a Voluntary Contribution

Please complete the form below and mail it, along with your personal check, to TIAA-CREF at the address listed on the form. Your contribution will be credited to your Emeriti Health Account.

In section 2 on the form below - PLAN INFORMATION:

• **Employer/Institution Plan Name** = Franklin & Marshall College

• **Plan Number** = RV0053

• You can access your **Account Number** by logging in to your account through [https://www.tiaa-cref.org/public/index.html](https://www.tiaa-cref.org/public/index.html). Click on the “Franklin and Marshall College RETIREMENT HEALTHCARE SAVINGS PLAN” link and look for the TIAA or CREF Account Number that begins with ‘W’. (The Plan Number associated with your Account Number is RV0053.) Or, you may call TIAA-CREF at (800) 842-2252 to obtain your Account Number for your Emeriti Health Account.

**Please note:** Full-time members of the faculty and staff who were under age 55 as of December 31, 2012, or hired after December 31, 2012, and professional staff holding part-time positions approved and regularly budgeted to work more than 1,000 hours per year are eligible to make contributions to an Emeriti Health Account. Faculty and staff who were age 55 or older and appointed to a full-time position by December 31, 2012, are not eligible to contribute to an Emeriti Health Account. More details are available at: [http://www.fandm.edu/humanresources/benefits](http://www.fandm.edu/humanresources/benefits).
1. PROVIDE PERSONAL INFORMATION
Please provide all information below

Title
First Name
Middle Initial
Last Name
Suffix
Street Address
City
State
Zip Code
Social Security Number/
Taxpayer Identification Number
Daytime Telephone Number
Extension

2. PLAN INFORMATION
Employer/Institution Plan Name

Please provide your Institution’s Plan Number that begins with RV.

R V 0 0

Please provide your Account Number that begins with a W.

W

3. CONTRIBUTION
Please make check payable to TIAA-CREF and include your account number in the check memo line.

Please indicate contribution amount $ ________

4. ACKNOWLEDGEMENT
Contributions to your Employer’s Emeriti Health Plan are subject to the provisions outlined in the Summary
Plan Description (SPD) and may be subject to forfeiture. Please refer to your employer’s SPD for additional
information.

Your Signature

Today’s Date (mm/dd/yyyy) ________/______/______

TTPOEM
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