

Enrollment Form

Post Employment Health Plan (PEHP®)

PO Box 182797, Columbus, OH 43218-2797 Phone: 1-877-677-3678 • Fax: 1-877-677-4329 • <u>nrsforu.com</u>

1. Employee Information	
Name:	SSN:
Mailing Address:	
	State: Zip:
Date of Birth: Primary Phone:	Email:
Employer Name:	Employer Number:
2. Spouse/Dependent Designation	
Name:	SSN:
Date of Birth:	Relationship:
3. Investment Options	
Asset Allocation Target Date NVVOP5 - American Funds 2020 Target Date Retirement Fund - R4 NVVOP6 - American Funds 2025 Target Date Retirement Fund - R4 NVVOP7 - American Funds 2030 Target Date Retirement Fund - R4 NVVOP8 - American Funds 2035 Target Date Retirement Fund - R4 NVVOP9 - American Funds 2040 Target Date Retirement Fund - R4 NVVOQ0 - American Funds 2045 Target Date Retirement Fund - R4 NVVOQ1 - American Funds 2050 Target Date Retirement Fund - R4 NVVOQ2 - American Funds 2055 Target Date Retirement Fund - R4 NVVOQ3 - American Funds 2060 Target Date Retirement Fund - R4 NVVOQ3 - American Funds 2060 Target Date Retirement Fund - R4 Asset Allocation Target Risk	International
	Bonds % NVV0P4 - Lord Abbett High Yield Fund - R4
4. Participant Authorization	
	neet from my employer which describes the PEHP. I understand be remaining amount will be allocated to the Fixed Account until B or go online to nrsforu.com to make an account change.
Signature:	Date:
5. Form Return	
By mail: Nationwide Retirement Solutions PO Box 182797	By fax: 1-877-677-4329

By email: rpublic@nationwide.com

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