



Incoming Direct Rollover 401(k) Plan

Community Health Plan/Community Health Network 401(k) Employee Savings Plan

95869-01

Participant Information

Form fields for Last Name, First Name, MI, Social Security Number, Address, City, State, Zip Code, Home Phone, Work Phone, E-Mail Address, Date of Birth, and gender/marital status checkboxes.

Direct Rollover Information

I am choosing a:

- Direct Rollover from a:
- 401(a) plan
- 401(k) plan
- Non-Roth \$ (all contributions and earnings, excluding Roth contributions and earnings)
- Roth \$ (employee contributions and earnings)
- Governmental 457(b) plan
- 403(b) plan
- Non-Roth \$ (all contributions and earnings, excluding Roth contributions and earnings)
- Roth \$ (employee contributions and earnings)
- Direct Rollover from a Traditional IRA. (Non-deductible contributions/basis may not be rolled over.)

Previous Provider Information:

Form fields for Company Name, Account Number, Mailing Address, City/State/Zip Code, and Phone Number.

Previous Provider must complete:

Employer/employee before-tax earnings and contributions: \$

Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

Previous Plan Administrator must provide the following information for Designated Roth Account Rollovers:

Roth first contribution date:

Roth contributions (no earnings): \$

Amount of Direct Rollover: \$ (Enter approximate amount if exact amount is not known.)

Investment Option Information - Please refer to your communication materials for investment option designations.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Select either existing ongoing allocations (A) or your own investment options (B).

(A) Existing Ongoing Allocations

- I wish to allocate this rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

Please Note: For automatic dollar cost averaging call the Voice Response System or access our Web site.

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
Vanguard Target Retirement Income Inv.....	VTINX	VTINX	_____	Cohen & Steers Realty Shares.....	CSRSX	CSRSX	_____
Vanguard Target Retirement 2015 Inv.....	VTXVX	VTXVX	_____	Oppenheimer Discovery Y.....	ODIYX	ODIYX	_____
Vanguard Target Retirement 2020 Inv.....	VTWNX	VTWNX	_____	Vanguard Mid Cap Index Admiral.....	VIMAX	VIMAX	_____
Vanguard Target Retirement 2025 Inv.....	VTTVX	VTTVX	_____	Vanguard Mid-Cap Value Index Admiral.....	VMVAX	VMVAX	_____
Vanguard Target Retirement 2030 Inv.....	VTHR3	VTHR3	_____	Vanguard Mid-Cap Growth Index Admiral.....	VMGMX	VMGMX	_____
Vanguard Target Retirement 2035 Inv.....	VTH3X	VTH3X	_____	Fidelity Nasdaq Composite Index.....	FNCMX	FNCMX	_____
Vanguard Target Retirement 2040 Inv.....	VFORX	VFORX	_____	T. Rowe Price Value I.....	TRPIX	TRPIX	_____
Vanguard Target Retirement 2045 Inv.....	VTIVX	VTIVX	_____	Vanguard 500 Index Admiral.....	VFIAX	VFIAX	_____
Vanguard Target Retirement 2050 Inv.....	VFIFX	VFIFX	_____	Vanguard Wellington Adm.....	VWENX	VWENX	_____
Vanguard Target Retirement 2055 Inv.....	VFFVX	VFFVX	_____	Vanguard Interm-Term Bond Index Adm.....	VBILX	VBILX	_____
Vanguard Target Retirement 2060 Inv.....	VTT3X	VTT3X	_____	Key Guaranteed Portfolio Fund.....	N/A	KGPF	_____
American Funds EuroPacific Gr R5.....	RERFX	RERFX	_____	MUST INDICATE WHOLE PERCENTAGES			= 100%

Participant Acknowledgements

General Information - I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am rolling are in fact eligible for such treatment.

I authorize these funds to be transferred into my employer's Plan and to be invested according to the information specified in the Investment Option Information section.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the direct rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by my Plan (if I do not have an account established). If no default investment option is selected, the funds will be returned to the payor as required by law. If my assets are received more than 180 calendar days after Service Provider receives this Incoming Direct Rollover form (this "form"), I authorize Service Provider to allocate all monies received the same as my ongoing allocation election on file with Service Provider. I understand I must call the Voice Response System or access the Web site in order to make changes or transfer monies from the default investment option. The assets will be processed on the day this form is received. I understand that this completed form must be received by Service Provider at the address below.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Service Provider is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that they may require, and/or to notify Service Provider of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

Withdrawal Restrictions - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on direct rollovers and/or distributions. I understand that I must contact the Plan Administrator/Trustee, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or make direct rollovers.

Investment Options - I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Payment Instructions

Make check payable to:
GREAT-WEST TRUST COMPANY, LLC

Include the following information on the check:
Participant Name, Social Security Number,
Plan Number, Plan Name

Wire instructions:

Bank: US Bank
Account of: Great-West Trust Company, LLC
Account no: 103655774323
Routing transit no: 102000021
Attention: Financial Control
Reference: Participant Name, Social Security Number,
Plan Number, Plan Name

Regular mail address for the check and form (if mailed together):

GREAT-WEST TRUST COMPANY, LLC
PO Box 560877
Denver, CO 80256-0877

Overnight mail address for the check and form (if mailed together):

US Bank
10035 East 40th Avenue Suite 100
Attn Lockbox # 560877 DN-CO-OCLEB
Denver, CO 80238
Contact: Empower Retirement
Phone #: 1-800-701-8255

If sending the "form" only, please fax to 1-866-745-5766 or follow the mailing instructions above. Please remember that this form needs to arrive prior to or at the same time the funds arrive to invest according to the allocations on this form.

Required Signature(s) and Date**Participant Consent**

My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Direct Rollover form. I affirm that all information provided is true and correct. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Participant Signature**Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant forward or fax as shown above in the Payment Instructions section

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.