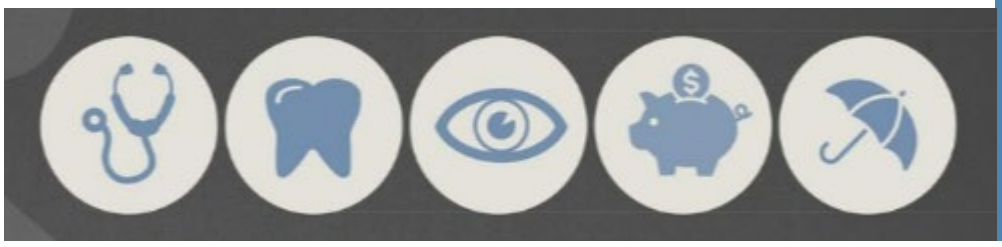
VictoryCapital®

BENEFITS ENROLLMENT FORM

Benefits supporting your personal health and family needs.

Instructions:

Please complete, sign, and date this enrollment form and return it to the Human Resources Department within 31 days of your date of hire or within 31 days of a Qualifying Life Event.



PLEASE RETURN THIS COMPLETED ENROLLMENT FORM TO HUMAN RESOURCES WITHIN 31 DAYS OF YOUR DATE OF HIRE OR WITHIN 31 DAYS OF A QUALIFYING LIFE EVENT.

BENEFITS ENROLLMENT FORM

Choose One: ☐ **New Hire Enrollment** ☐ **Qualifying Life Event**

Employee Data

Full Name (please print) _____ Date of Birth _____ Effective Date _____

Address _____ Street _____ City _____ State _____ Zip Code _____

Qualifying Event Reason(s):

☐ Name Change ☐ Marriage ☐ Divorce ☐ Death ☐ Birth ☐ Adoption/Legal Custody

☐ Court-Ordered Dependent ☐ Loss of Coverage ☐ Other Life Event – Reason:

Medical Plan (Pre-Tax)

1. Choose your Health Plan Option:

☐ No Coverage

☐ United Healthcare – Basic Medical Plan – with Health Savings Account
(Indicate *your* HSA contribution amount below, if applicable**)

☐ United Healthcare – Core Medical Plan – with Health Savings Account
(Indicate *your* HSA contribution amount below, if applicable**)

☐ Surest Medical Plan (not eligible for Health Savings Account)

Choose your Level of Coverage:

☐ Employee Only ☐ Employee + Spouse ☐ Employee + Child(ren) ☐ Family

Health Savings Account (Pre-Tax)

** VCM will make a monthly contribution, based on the level of elected coverage, to a Health Savings Account through Optum Bank. In addition, if you wish to contribute to the Health Savings Plan, via payroll deduction, please elect your contribution amount below.

☐ I elect to contribute $_____ per pay period to my Health Savings Account through Optum Bank (not to exceed the current IRS limits).

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Dental Plan (Pre-Tax)

2. Choose your Dental Plan Option:

☐ No Coverage

☐ United Healthcare – Dental Plan

Choose your Level of Coverage:

☐ Employee Only ☐ Employee + Spouse ☐ Employee + Child(ren) ☐ Family

Vision Plan (Pre-Tax)

3. Choose your Vision Plan Option:

☐ No Coverage

☐ United Healthcare – Vision Plan

Choose your Level of Coverage:

☐ Employee Only ☐ Employee + Spouse ☐ Employee + Child(ren) ☐ Family

Plan(s) Enrollment Detail – Please complete for all covered participants and plan elections

4. Be sure to check the appropriate boxes for the coverage(s) you elect for you and your dependents; you may add any additional dependents on a separate sheet of paper, if necessary.

NAME (LAST IF DIFFERENT, FIRST, M.I.)	DATE OF BIRTH (MM/DD/YY)	SEX (M/F)	SOCIAL SECURITY NUMBER	HEALTH	DENTAL	VISION	LEGALSHIELD	MASA	GENOMIC LIFE
EMPLOYEE:				☐	☐	☐	☐	☐	☐
SPOUSE:				☐	☐	☐	☐	☐	☐
CHILD:				☐	☐	☐	☐	☐	☐
CHILD:				☐	☐	☐	☐	☐	☐
CHILD:				☐	☐	☐	☐	☐	☐
CHILD:				☐	☐	☐	☐	☐	☐

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Flexible Spending Account (Pre-Tax)

5. Flexible Spending Account – A Navia Enrollment Form will also need to be completed.

☐ No Coverage

☐ Limited – I elect $_____ annual contribution
Only eligible if enrolled in a High-Deductible Health Plan (Annual Limit for 2024 is: $4,150)

☐ Medical – I elect $_____ annual contribution
Only eligible if NOT enrolled in a High-Deductible Health Plan (Annual Limit for 2024 is: $4,150)

☐ Dependent Care – I elect $_____ annual contribution *(Annual Limit for 2024 is: $5,000)*

Supplemental Life Insurance Plans – A Unum Enrollment Form will also need to be completed.

6. Unum Employee Supplemental Life Insurance (after-tax)

Supplemental Life Insurance is in addition to the Basic Life Insurance (2.5x your annual earnings or base salary (whichever is greater) up to a maximum of $750,000) that Victory Capital Management provides at no cost to you. You must provide evidence of insurability for Supplemental coverage above the guaranteed issue of $280,000. ***Guarantee Issue amount may differ for a Qualifying Event.*

List amount of coverage from $10,000 - $750,000 in increments of $10,000:

☐ No Coverage ☐ I elect $_____,000

7. Unum Employee Accidental Death & Dismemberment (AD&D) Insurance (after-tax)

Supplemental AD&D Insurance is in addition to the Basic AD&D Insurance (2.5x your annual earnings or base salary (whichever is greater) up to a maximum of $750,000) that Victory Capital Management provides at no cost to you.

List amount of coverage from $10,000 - $750,000 in increments of $10,000:

☐ No Coverage ☐ I elect $_____,000

8. Unum Spouse Life Insurance (after-tax)

List amount of coverage from $1,000 - $250,000 in increments of $1,000. The amount requested cannot exceed the employee covered amount. You must provide evidence of insurability for Supplemental coverage above the guaranteed issue of $50,000. ***Guarantee Issue amount may differ for a Qualifying Event.*

☐ No Coverage ☐ I elect $_____,000

9. Unum Spouse Supplemental Accidental Death & Dismemberment (AD&D) Insurance (after-tax)

List amount of coverage from $1,000 - $250,000 in increments of $1,000. The amount requested cannot exceed the employee covered amount.

☐ No Coverage ☐ I elect $_____,000

Supplemental Life Insurance Plans – A Unum Enrollment Form will also need to be completed.

10. Unum Dependent Life Insurance (up to age 19, or 26 if fulltime student) (after-tax)

List amount of coverage from $1,000 - $10,000 in increments of $1,000. The amount requested cannot exceed the employee covered amount. ***Guarantee Issue amount may differ for a Qualifying Event.*

☐ No Coverage ☐ I elect $_____,000 for each dependent child

11. Unum Dependent Supplemental Accidental Death & Dismemberment (AD&D) Insurance (after-tax)

List amount of coverage from $1,000 - $10,000 in increments of $1,000. The amount requested cannot exceed the employee covered amount.

☐ No Coverage ☐ I elect $_____,000 for each dependent child

Additional Ancillary Benefits – Additional Enrollment Forms may need to be completed

12. Unum Voluntary Accident Insurance (after-tax)

☐ No Coverage

☐ Employee $4.96 biweekly ☐ Emp + Spouse $8.81 biweekly ☐ Emp + Children $10.48 biweekly ☐ Family $ 14.33 biweekly

13. Unum Critical Illness Insurance (after-tax)

Employee Election (Children automatically included and enrolled at 50% of employee's coverage amount)

☐ No Coverage ☐ I elect $10,000 ☐ I elect $20,000 ☐ I elect $30,000

Spouse Election (Employee must enroll and spouse election cannot exceed 50% of employee's coverage amount)

☐ No Coverage ☐ I elect $5,000 ☐ I elect $10,000 ☐ I elect $15,000

14. Unum Group Hospital Indemnity Insurance (after-tax)

☐ No Coverage

☐ Employee $6.29 biweekly ☐ Emp + Spouse $13.02 biweekly ☐ Emp + Children $9.62 biweekly ☐ Family $16.35 biweekly

15. MASA Emergency Transportation

☐ No Coverage

☐ Emergent Plus (US & Canada) – Single/Family Coverage $6.46 biweekly

☐ Platinum (Worldwide) – Single/Family Coverage $18.00 biweekly

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16. LegalShield/IDShield

IDShield

- ☐ Individual IDShield – 100% Employer Paid
- ☐ Family IDShield – 100% Employer Paid

LegalShield

- ☐ No Coverage
- ☐ Personal Plan – Single/Family Coverage $8.54 biweekly
- ☐ Personal/Business Plan – Single/Family Coverage $15.44 biweekly

17. Genomic Life –

- ☐ No Coverage
- ☐ Employee Only (rates by age shown below)
- ☐ Employee & Spouse (rates by age shown below)

	Emp Only	Emp + Spouse
Up to Age 50	$ 8.31 biweekly	$16.52 biweekly
Age 50-64	$10.15 biweekly	$20.31 biweekly
Age 65+	$12.00 biweekly	$24.00 biweekly

Acknowledgement

18. Signature

I certify below that I have completed this form to the best of my knowledge, and I understand the following:

- My coverage elections on this form cannot be revoked or modified during the year (with the exception of the Health Savings Account (HSA) unless I have a qualifying change in status as defined by the IRS; however, I may change my coverage elections during the next open enrollment period.)
- My pay will be reduced by the amount of any contributions noted for the coverage(s) selected where the contributions are pre-tax.

Signature _____ Date _____

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