

# How Do I Make Changes to My 401(K)?

All changes to your 401(K) must be made on the proper form, signed and dated by the EMPLOYEE, and turned into HR. We will break down changes to contributions, changes to investments, and changes to beneficiaries.

All of these documents can be found under the “Announcements” tab at [elight.docagent.net](http://elight.docagent.net). Your DocAgent log-in information can be found in the login letter that was first sent to you by HR when you were hired. If you do not remember your User ID, contact Roseanne Mullis or Kayla Brehm in HR for this information.

## Changes to Contributions and Investments

Once at the Announcements tab, you will find a list of documents. Select the 2020 401K Enrollment Form

Announcements (Company's Announcements)

**Search Criteria**

Document Name  Date Posted

**E Light Announcements**

- **2019 W-2 Tax forms:** As of January 15, 2020 all W-2 tax forms have been sent out. They are also now available in the W2 section on this website.

**Search** Click on the 'Search' button to retrieve documents

**Search Result**

| Type | Note | Document Name              | Date Posted |
|------|------|----------------------------|-------------|
|      |      | 2020 401K Enrollment Form  | 12/27/2019  |
|      |      | 401K Beneficiary Form      | 12/27/2019  |
|      |      | W-4                        | 12/27/2019  |
|      |      | ABSENCE-TARDY REQUEST FORM | 1/30/2018   |
|      |      | Address Change Form        | 9/21/2017   |
|      |      | UHC Health Innovations     | 8/8/2017    |
|      |      | UHC Rally Program          | 8/8/2017    |
|      |      | UHC Real Appeal            | 8/8/2017    |
|      |      | UHC Virtual Visits         | 8/8/2017    |

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Fill out your personal information in the corresponding boxes. Select whether you would like to make a Contribution change, Investment change, or both.



**E Light Electric Services, Inc. 401(k) Plan**

**ENROLLMENT FORM**

**FORM 2020**

Instructions - Follow the steps below to complete the form. (Please print.)

**Step 1: Purpose of Form**

Please check all boxes that apply:

- New Enrollment     
  Contribution Change     
  Investment Change     
  Discontinue Contributions

**Step 2: Personal Information**

|              |               |                                  |      |  |                        |     |
|--------------|---------------|----------------------------------|------|--|------------------------|-----|
| Name (Last)  |               | Name (First)                     |      | Name (MI)  | Social Security Number |     |
| Address      |               |                                  | City |  | State                  | ZIP |
| Date of Hire | Date of Birth | Date of Participation (optional) |      | Email Address (All electronic account statements will be delivered to the email address listed.) |                        |     |

If you wish to make changes to your contributions, go to Step 3 of the page and fill out that corresponding information. You may elect which type of plan, whether before tax, or after tax (Roth) account or you may choose to put percentages into both accounts. If you have questions about the differences in these plans, contact Human Resources. They will either be able to answer your questions, or put you in contact with an Ameritas representative to assist.

If you will be turning or will be 50 in 2019, you may contribute an additional \$6,500.00

**Step 3: Contribution Election  
Elective Deferrals**

Please note you may invest all of your contributions in a before-tax account or an after-tax (Roth 401(k)) account, OR, you may divide your contributions between your before-tax account and your Roth 401(k) account. The total contributions to both accounts cannot exceed plan limits.

**ELECTION**

- I elect to contribute \_\_\_\_\_% or \$\_\_\_\_\_ of compensation per pay period on a before-tax basis. (Maximum calendar year limit for all 401(k) accounts - before-tax and Roth 401(k) contributions: **\$19,500.00 Before Tax**)
- I elect to contribute \_\_\_\_\_% or \$\_\_\_\_\_ of compensation per pay period to **ROTH** 401(k). (Maximum calendar year limit for all 401(k) accounts - before-tax and Roth 401(k) contributions **\$19,500.00 After Tax (ROTH)**)
- I elect not to make elective deferrals until further notice. I understand that if I do not participate now, or discontinue participation, I must wait until the next available entry date. Although I elect not to save for retirement through payroll deduction, I understand my employer may elect to contribute a discretionary contribution to the plan, and I authorize such a contribution to be invested as indicated.
- I hereby authorize my employer to withhold the following deduction from my compensation paid in the form of bonuses. I understand that I may change, suspend or resume contributions at such times as outlined in the terms of the plan.

Effective Date: \_\_\_\_\_ Bonus Compensation (Net of FICA taxes) \_\_\_\_\_%

SELECT PERCENTAGE FOR BONUS, IF YOU DO NOT WANT TO CONTRIBUTE, SELECT 0%

**Step 4: Investment Election**

Before     
  After Tax

To make changes to your 401(K) investments, you will need to go to Step 4 of the document. This section will break down the different options for where you would like your contributions to be invested. You will need to notate if you would like your previous funds to be transferred to the new investment options you

choose or only invest the new funds going forward. BE SURE YOU ARE FAMILIAR WITH these options before making any changes. Again, direct all questions to Human Resources. HR will be able to either answer your questions and give you information about these investment options or put you in touch with an Ameritas agent that would be able to better assist you.

Once all changes are complete, Step 5 of the document is for your Signature/ Social Security Number, and Date. EACH EMPLOYEE MUST SIGN THIS DOCUMENT THEMSELVES. Once document is completed, turn it in to Human Resources.

**Step 5: Signature (Please sign below and return this completed form to your Employer.)**

NOTE: To help ensure you receive accurate reports that reflect the correct investment of the contributions made to the plan on your behalf, please review all reports regularly and report any discrepancy to us immediately.

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Participant's Signature

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Social Security Number

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Date

## Changes to Beneficiary

If you wish to make beneficiary changes choose the 401K Beneficiary Form.

Announcements (Company's Announcements)

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Begin with filling out your personal information in the proper boxes in Part 1

**E Light Electric Services Inc**  
**401(k) Plan**



**BENEFICIARY DESIGNATION FORM**

This form allows you to designate the beneficiary(ies) who will receive your Plan assets in the event you die with balances remaining in your Plan account(s). This form does not become effective until it is filed with the Plan Administrator. This designation revokes any prior beneficiary designations for this Plan.

**Part 1: Your Information**

|              |               |                |                                  |                              |                        |           |
|--------------|---------------|----------------|----------------------------------|------------------------------|------------------------|-----------|
| Name (Last)  |               | Name (First)   |                                  | Name (MI)                    | Social Security Number |           |
| Address      |               |                |                                  | City                         |                        | State ZIP |
| Date of Hire | Date of Birth | Marital Status | Date of Participation (optional) | Email Address (if available) |                        |           |

For Part 2: Enter the information for your beneficiary or beneficiaries. If you elect to have more than one beneficiary, you must elect the % of assets for each

beneficiary. Please make sure that the percentage for both beneficiaries equals 100%.

**Part 2: Beneficiary Designation**

Name your beneficiary(ies) and the percent you would like to make payable to each. Percentages must total 100% in each beneficiary category (primary and secondary). If the percentages do not total 100%, any remaining portion will be divided equally among the surviving beneficiary(ies) in the relevant category. If no percentages are indicated, the beneficiaries will share equally. Generally, a beneficiary can be an individual, your estate, or a trust.

The following beneficiary(ies) is entitled to receive the assets of my Plan account(s) in the event of my death.

**PRIMARY BENEFICIARIES, if living at death:**

|         |      |                        |              |                                |
|---------|------|------------------------|--------------|--------------------------------|
| Name    |      | Social Security Number | Relationship | Date of Birth                  |
| Address | City | State                  | ZIP          | % of Assets (in whole numbers) |
| Name    |      | Social Security Number | Relationship | Date of Birth                  |
| Address | City | State                  | ZIP          | % of Assets (in whole numbers) |

PRIMARY TOTAL - 100%

**SECONDARY BENEFICIARIES, if no primary beneficiaries are living at my death:**

|         |      |                        |              |                                |
|---------|------|------------------------|--------------|--------------------------------|
| Name    |      | Social Security Number | Relationship | Date of Birth                  |
| Address | City | State                  | ZIP          | % of Assets (in whole numbers) |
| Name    |      | Social Security Number | Relationship | Date of Birth                  |
| Address | City | State                  | ZIP          | % of Assets (in whole numbers) |

**NOTE:** If you are married your spouse must be the primary beneficiary with 100% of assets. If your spouse is not your primary beneficiary, your spouse must give their consent in Part 3 of this form. Your Spouse must sign and date this section themselves and it must be notarized. The EMPLOYEE must then provide their own signature and date the form in Part 4. Once this is completed, turn the form into Human Resources.

**Part 3: Spousal Consent**

SECONDARY TOTAL - 100%

If you are married and have not named your spouse to receive 100% of your Plan assets, your spouse must indicate his or her consent by signing this form in the presence of a notary public or Plan representative.

If less than 100% of the Plan assets have been left to me as primary beneficiary, I consent to the beneficiary(ies) indicated in Part 2. In addition, recognizing that I have the right to limit my consent to a specific form of benefits (such as a lump-sum distribution or installment payments over a period of time), I relinquish that right to any form of benefits that may be elected under the Plan.

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Or Notary Public's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date Commission Expires: \_\_\_\_\_

**Part 4: Participant's Authorization** The Plan participant's signature is required.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_