

Retirement Plan for Employees of North Lincoln Hospital

Request for Benefit Election Forms

Please provide the following information:

Participant Name: _____

Participant Address: _____

Spouse's Name: _____

Spouse's Date of Birth: _____

Return form to Independent Actuaries c/o Kristy Bartle.

Email: KristinBartle@indact.com

Address: Five Centerpoint Dr, Suite 520
Lake Oswego, OR 97035

Fax: 503.520.1147