
Horace Mann Enrollment

In addition to the following application for enrollment, a payroll deduction form must be completed and forwarded to your employer. Select the appropriate form below.

- **RIC Account Form** (State of Iowa Employees)
https://das.iowa.gov/sites/default/files/hr/ric/documents/RIC_form_SOI.pdf
- **RIC 403b Salary Reduction Form** (Education-Related Employees)
https://das.iowa.gov/sites/default/files/hr/ric/403b/documents/RIC_form_403b.pdf
- **RIC Account Form** (Employees of Participating Non-State Public Employers)
Customized forms available from the employer's RIC webpage. Go to list of employers at: https://das.iowa.gov/RIC/PSE/plan_details

Continue to Enrollment Application on next page.

Employer

403(b)

457/401(a)

Required Fields:			
First Name:		Last Name:	
Address:		City, State Zip:	
Home Phone Number:	<input type="checkbox"/> Preferred	Mobile Number:	<input type="checkbox"/> Preferred
Email Address – Home:	<input type="checkbox"/> Preferred	Email Address – Work:	<input type="checkbox"/> Preferred
Social Security Number:		Gender:	
Marital Status:		Date of Birth:	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			
Date of Hire:		Building:	
Are you fine with receiving future communications on Horace Mann products:		Are you fine with receiving electronic statements:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Payroll Frequency:			
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other			

Primary Beneficiary Information:	
First Name:	Last Name:
Relationship:	Marital Status:
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced

*Additional Beneficiaries can be designated on a separate form. Also, if married and spouse is not the primary beneficiary, Horace Mann will send you additional required documents.

Remember to turn in a salary reduction form to your employer.

Per your Plan, by enrolling via this method, you will be defaulted into a Target Date fund based on your age. Via email you will receive instructions how to log into your account to verify its accuracy and make changes.

Please fax this completed form to (217) 541-8370 or mail to Retirement Advantage P.O. Box 4511 Springfield, IL 62708

Signature: _____ Date: _____ Questions? Call 1-877-602-1870