

ROLLOVER FORM

Plan Number: 39439

Social Security Number _____

Plan Name: Health Care Innovations, Inc. 401(k) Plan

Form Completion Checklist

Before Submitting this form please verify that you have included the following information:

- Participant's social security number Participant signature
 Investment Elections (Whole percentages totaling 100%) Plan Administrator signature

Employee Information

Participant Name: _____
 Last _____ First _____ Middle Initial _____
 Participant Address: _____
 Street _____
 City _____ State _____ Zip _____
 Division: _____ Hire Date: _____ Birth Date: _____

Rollover Contribution Information

I request that the amounts below be rolled into my current Employer's Plan. (Rollover Contributions may only be made in the form of cash, allowable mutual fund shares, or, if allowed by your current Employer's Plan, promissory notes from your prior employer's qualified plan.) I have attached a **certified check, money order, or check** from the prior trustee, **made payable to "Fidelity Management Trust Company as Trustee,"** and it represents one of the following:

	Rollover Type	Description	Fidelity Code	Dollar Amount
Pre-Tax	401(a)	A distribution from a prior employer's qualified 401(a) plan either as a direct rollover or as paid directly to me less applicable taxes	1K	\$
	403(b)	A distribution from a previous employer's 403(b) plan (Note: Existing monies within the current Employer's Plan will lose favorable tax treatment)	3B	\$
	R/O IRA	A distribution from a Rollover Individual Retirement Account and earnings thereon ("conduit IRA")	IC	\$
	Traditional IRA	A distribution from a traditional Individual Retirement Account ("Non-Conduit IRA")	IN	\$
	Gov't 457	A distribution from a Governmental 457 retirement plan (Note: Rollover monies will be subject to 401(k) rules for early distribution)	7G	\$
	After-Tax Earnings	Earnings from an after-tax source is considered a pre-tax rollover	1K	\$
After-Tax	401(a)	A distribution of employee after-tax contributions to a 401(a) plan (Note: earnings on After-Tax are considered a Pre-Tax Rollover and are included above)	1K	\$
Total Amount of Rollover (Verify this sum equals the amount of the checks)				\$

Note: A Rollover Contribution paid directly to the participant or from an IRA must be received by Fidelity within 60 days of your receipt of such distribution. The Plan Administrator reserves the right to require sufficient evidence that your distribution is from a qualified retirement plan or an IRA.