

**TEAM HEALTH, INC.**  
**NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP)**  
**ELECTION/CHANGE FORM**  
**2009 Plan Year**

Check all that apply:

- Enrollment                       Stop Contribution                       Change Distribution Election                       Change Beneficiary

**Part 1 EMPLOYEE DATA – Name and SS or EE number required. Other information if changed or new**

Employee Name (Please Print)			Social Security No. (last 4 digits) XXX-XX-	Employee Number
Street			Date Of Employment	
City	State	Zip Code/Postal Code	Date of Birth	
Daytime Phone		Email Address	Company, Division or Location	

**Part 2 CONTRIBUTION ELECTION**

Please deduct the following percent of my regular compensation (excludes bonuses) \_\_\_\_\_%  
on a pre-tax basis to the annual maximum of \$36,500

**OR**

Please deduct the following dollar amount of my regular compensation (excludes bonuses)  
on a pre-tax basis \$ \_\_\_\_\_  
(Maximum annual contribution is \$36,500 and will be deducted in equal amounts each pay) (Annual Amount)

**OR**

I do not wish to participate in the Plan for the 2009 Plan Year

**Part 3 BENEFIT PAYMENT ELECTION\***

When I become entitled to benefits under the Plan, I elect to be paid as follows:

**1. In-service Withdrawal\* – to begin on \_\_\_\_\_**

Lump Sum    OR     Annual Installments for \_\_\_\_\_ years (3, 5 or 10 years)  
OR

**2. Future Date (even if after termination) – to begin on \_\_\_\_\_**

Lump Sum    OR     Annual Installments for \_\_\_\_\_ years (3, 5 or 10 years)  
OR

**3. At Termination**

Lump Sum    OR     Annual Installments for \_\_\_\_\_ years (3, 5 or 10 years)

\*If termination occurs prior to the in-service election date, I wish to take distribution at termination  
Yes  No     Lump Sum  OR  Annual Installments for \_\_\_\_\_ years (3, 5 or 10 years)

\*After initial distribution election, any future changes may not be implemented for five years

**Part 4 New Enrollees Only \*\*\* INVESTMENT SELECTION**

<u>Investment Options</u>	<u>Future Contributions</u>	<u>Investment Options</u>	<u>Future Contributions</u>
American Funds Washington Mutual A	_____ %	Vanguard 500 Index	_____ %
Van Kampen Eq and Inc A	_____ %	Van Kampen Mid Cap GR	_____ %
T. Rowe Price Growth Adv	_____ %	MFS Bond A	_____ %
AMRO/TAMRO Sm Cap N	_____ %	Excelsior Money Fund	_____ %
First Eagle Overseas A	_____ %	Goldman Sachs Mid Val	_____ %
Amer Funds EuroPac	_____ %		
		_____ %	
		<b>Total: 100 %</b>	

**\*\*\*If you are not a new enrollee, please make any investment election changes through the Voice Response Unit: 1-800- 828-4224 or via the web at [www.usicg.com](http://www.usicg.com).**

**Part 5 DESIGNATION OF BENEFICIARY**

**(Complete only if you are initially enrolling or making a change.)**

Please designate the primary and contingent beneficiaries who will receive your account balance in the event of your death **effective as of:** \_\_\_\_\_

Primary beneficiary (first, middle initial, last)	Relationship	SSN	Address
Contingent beneficiary (first, middle initial, last)	Relationship	SSN	Address

**Please indicate the method of benefit payments for any amounts payable upon your death to your beneficiary.**

Lump Sum     Annual Installments for \_\_\_\_\_ years (3, 5 or 10 years)

**Part 6 EMPLOYEE AUTHORIZATION**

I hereby authorize the Plan Administrator to take the actions indicated above with regard to the Plan.

Signature	Date
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Fax enrollment form to **888-422-0106**