

ADVOCATE HEALTH CARE NETWORK
RETIREMENT SAVINGS PLAN

Acceleration of Plan Loan Repayments

Soc. Sec. No.: _____

Name: _____

Process Level: _____
(Work Location)

Daytime phone number: _____

I hereby authorize Advocate Health Care to double my loan repayment amount under the Retirement Savings Plan. **All other terms and conditions of the promissory note shall remain in effect, and this shall be considered an amendment thereof, but only with respect to the payroll deduction amount.** I further understand that I can only double my loan repayment one time during the period of the loan and that this election and authorization shall be irrevocable unless I pay off the loan in full in one payment.

Information About The Loan

Current Payroll Deduction Amount \$ _____

Accelerated Payroll Deduction Amount \$ _____

(Double amount from above, amount can not be rounded.)

<p><u>For Office Use Only:</u></p> <p>Payroll No. _____</p> <p>Ded. Code: _____</p>
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I understand that the doubling of my loan repayment will be effective with in 1-2 pay periods of receipt of form.
The doubling of my loan repayment will reduce the amount of time to pay off my loan. Refer to Section 3 of the original promissory note under "finance charge" to see the full amount of the interest I will be paying on the loan. I understand that I can repay the loan in full at any time by sending a cashier's check or money order for the outstanding balance of principal and interest. To obtain a pay off quote, I contact InfoExpress at 1-800-775-4784 and speak with a Customer Service Representative.

By signing below, I acknowledge that I have received a copy of the Truth in Lending disclosure when I originally applied for the loan. I hereby authorize Advocate Health Care to double my payroll deduction as soon as administratively possible for the remaining balance of my loan from my payroll check.

Associate Signature

Date

Accepted by Corporate Benefits:

Corporate Benefits

Date

Original to: OBSC Benefits via interoffice mail

Please keep a copy for your personal records.

PROCEDURE: ACCELERATION OF RETIREMENT SAVINGS PLAN LOAN REPAYMENTS

PURPOSE: To allow an associate to reduce the period for paying off their Retirement Savings Loan.

<u>STEP</u>	<u>ACTION</u>
Associate fills out form	Associate will need to get the Acceleration of Plan Loan Repayments Form from Human Resources at each location. The associate will need to fill out the top half of the form (name, social security number, process level, day time phone number) and fill out the information in the section titled "Information About the Loan" and sign and date the form.
Form sent to Benefits	When the associate has filled out their sections of the form, it will be given back to Human Resources. Human Resources will then send the form to the Corporate Benefits Department. Or, the associate may send the form directly to the Corporate Benefits Department via interoffice mail or to Advocate Health Care, Benefit Services, 2025 Windsor Drive, Oak Brook, IL 60523.
Form received by Benefits	Benefits will review the information in the section titled "Information About the Loan" complete the section titled "For Office Use Only" and sign and date the bottom of the form. Benefits will make the necessary changes on the payroll system.
