



POST EMPLOYMENT PROGRAM OVERVIEW

LAW ENFORCEMENT MANAGEMENT UNIT (LEMU)

AND

RIVERSIDE COUNTY DEPUTY DISTRICT ATTORNEYS' ASSOCIATION
(RCDDAA)

County of Riverside
Human Resources Retirement Division
County Administrative Center (CAC)
4080 Lemon Street, 1st Floor
P.O. Box 1569 ▪ Riverside, CA 92502
Phone: (951) 955-4981, Option 2
Fax: (951) 955-8538
Email: Retirement@rivco.org

Hours of Operation:
Monday – Friday 8:00 AM to 4:00 PM
Websites: <https://rc-hr.com/retirement-benefits>
Schedule an Appointment: <http://rchr.checkappointments.com/>



Post-Employment Program (PEP)
LEMU AND RCDDAA

The Post Employment Program (PEP) allows employees a unique way to save taxes on their leave balance payouts. This brochure will help you to evaluate the features of this benefit.

<p>Are you eligible for participation in the Post- Employment Program?</p>	<p>Participation into the Post Employment Program (PEP) is required if you meet the following eligibility criteria:</p> <p>If you are a member of the LEMU and RCDDAA with at least five years of regular service with the County of Riverside in a regular position <u>and</u> retire, leave County employment, or change to a position that is not eligible for leave accruals, then you are eligible for the PEP Program</p>
<p>What leave balances will be contributed to the Post Employment Program?</p>	<p>The following leave types are required contributions to the Post Employment Program:</p> <p>Annual, Vacation, Extra Vacation, Holiday</p> <p>Sick Leave - The amount of accrued sick leave to be contributed will depend on an employee's length of County service.</p>
<p>How will my sick leave be calculated?</p>	<p>LEMU and RCDDAA:</p> <ul style="list-style-type: none"> ▪ Employees with 5 or more years, but less than 15 years, of County service, will have all accrued sick leave contributed at fifty percent (50%) of their current salary value, up to a maximum of 960 hours of full pay. ▪ Employees with 15 or more years of County service will have all accrued sick leave contributed at one hundred percent (100%) of their current salary value, up to a maximum of 960 hours of full pay. <p>LEMU:</p> <ul style="list-style-type: none"> ▪ Employees in the classifications of Sheriff's Sergeant, Correctional Sergeant, Coroner Sergeant and Supervising District Attorney Investigator with fifteen (15) years or more of continuous service, they may receive a payment up to a maximum of 1,460 hours of sick leave paid at 100% of its value. <p>RCDDAA:</p> <ul style="list-style-type: none"> ▪ Employees with 5 full years of continuous service, will have all accrued sick leave contributed at fifty percent (50%) of their current salary value, up to a maximum of 960 hours of full pay.
<p>How will Comp Leave be paid out?</p>	<p>Compensatory Leave may not be contributed to the Post Employment Program and will be paid out to employees. If you wish to defer taxes on this leave payout, you may elect to defer this payout to the 457 Deferred Compensation Plan, subject to the maximum limits set by the IRS.</p>
<p>What does the Post Employment Program consist of?</p>	<p>The Post Employment Program consists of two plan options:</p> <ul style="list-style-type: none"> ▪ The Special Pay Plan – a qualified 401(a) plan that provides participants with an opportunity to contribute their eligible leave balances into a retirement plan that provides tax shelter on contributions and income earnings until the participant withdraws the funds in lump-sum or periodic payments. <p>Access to 401(a) Special Pay Plan distributions are granted 30 days after separation of employment and if retiree has not returned to work in any capacity for the County of Riverside.</p> <ul style="list-style-type: none"> ▪ The VEBA Health Reimbursement Arrangement (HRA) - A health reimbursement arrangement that provides participants with post-employment health expense reimbursement that may be used for qualified out-of-pocket medical/dental/vision expenses, and insurance premiums.

<p>What are my options?</p>	<p>Upon retirement, ceasing County employment and/or changing to a position that is no longer eligible for leave accruals, you will need to elect one of the following options:</p> <ol style="list-style-type: none"> 1) Contribute 100% of the value of your eligible leave accruals to the Special Pay Plan; or 2) Contribute 100% of the value of your eligible leave accruals to the VEBA Health Reimbursement Arrangement Plan; or 3) Contribute 50% of the value of your eligible leave accruals to the Special Pay Plan and 50% of the value of your eligible leave accruals to the VEBA Health Reimbursement Arrangement Plan <p>If you do not make a post-employment program election, 100% of the value of your eligible leave balances will be contributed to the Special Pay Plan and subject to the maximum limits set by the IRS. The monies will be defaulted and deposited based on your current investment allocation for the 401(a) Money Purchase Plan, with the designated vendor.</p>
<p>What forms do I need to complete?</p>	<p>You will need to complete the Post Employment Program Election Form in this publication:</p> <ul style="list-style-type: none"> • Post-Employment Program Election Form • Automatic Premium Reimbursement Form or Online Request (optional) <p>If you elect all or a portion of your eligible leave balance accruals to the Special Pay Plan your monies will be sent to the vendor currently managing your 401(a) Money Purchase Account, that is Nationwide or Corebridge Financial.</p> <p>If you elect all or a portion of your eligible leave balance accruals to be contributed to the VEBA HRA Plan, you will have the option to complete the Automatic Premium Reimbursement Form in this publication to begin automatic reimbursement of your insurance premiums.</p> <p>You will have the option to defer your compensatory leave and excess leave balance, up to IRS tax year limits, into your 457(b) deferred compensation account with Nationwide and/or Corebridge Financial.</p>
<p>When are my Post Employment Election forms due?</p>	<p>The postemployment forms are due 30 days prior to your retirement. All forms are within this publication. Should you have extenuating circumstances and cannot meet this deadline, contact your Department Representative prior to the end of your final pay period.</p>

Post-Employment Program Option Comparison Table

	VEBA Health Reimbursement Arrangement Plan	Special Pay Plan
Purpose	To provide participants with post-employment health expense reimbursement that may be used for qualified medical, dental or vision out-of-pocket expenses.	To provide participants with an opportunity to contribute their eligible leave balances into a retirement plan that provides tax shelter on contributions and income earnings until the participant withdraws the fund in lump sum or periodic payments.
Benefits of the Plan	The VEBA Plan reimburses you for any medically necessary health care expenses that you, your spouse, or your eligible dependents incur that are not reimbursable by insurance. Eligible expenses are governed by the IRS Code Section 213(d) and are outlined in IRS Publication 502.	The Special Pay Plan is a qualified 401(a) plan that provides participants with an opportunity to contribute their eligible leave balances into a retirement plan that provides tax shelter on contributions and income earnings until the participant withdraws the funds in lump-sum or periodic payments.
Tax Benefits and Considerations	Contributions, investment earnings, and distributions from the VEBA HRA account are exempt from state and federal income taxes, exempt from social security and Medicare taxes (and are not counted toward social security earnings)	Contributions and investment earnings are deferred from income tax until you actually receive distribution. Exempt from Social Security and Medicare taxes (and not counted toward Social Security earnings). Distributions are subject to federal and state taxes at the time of distribution. May be subject to an early withdrawal penalty/ early withdrawal fee.
Premium Tax Credit Eligibility and Your VEBA Health Savings Plan Account	For any month that you are claims-eligible and have a positive balance in your VEBA HRA account, you may not qualify for the Premium Tax Credit unless you take certain action. Please refer to the Gallagher HealthInvest HRA Summary Plan Description which provides you with general information about the Premium Tax Credit and the options available to you under the HealthInvest HRA Plan. For more information, go to www.irs.gov and type "Premium Tax Credit" in the search bar.	Not applicable to Special Pay Plan
Investment Earnings and Fund Performances	At enrollment, you may choose from multiple fund options in which your leave balance contributions will be invested. For a complete listing of investment option elections, refer to Investment Fund Overview in this publication.	At enrollment, your funds will be invested, with Nationwide Retirement Solutions or Corebridge Financial, into the 401(a) Money Purchase Plan based on the fund allocation you have on file. You may change the investment allocation of your funds at any time.

Post-Employment Program Option Comparison Table

	VEBA Health Reimbursement Arrangement	Special Pay Plan
What is the maximum I can contribute into the Post Employment Plan options?	If you elect to contribute 100% of the value of your eligible leave balances to the VEBA HRA, there is no limit on the amount you may contribute.	<p>If you elect to contribute 100% of the value of your eligible leave balances to the Special Pay Plan, the IRS limits the total of all 401(a) contributions to the lesser of:</p> <p>Your annual taxable gross; or</p> <p>The IRS 401(a) tax year limit</p> <p>If your leave payout exceeds the IRS contribution limit (which is indexed each year), the remainder of your leave payout is paid to you and taxes will be withheld.</p> <p>In all cases, to determine the Special Pay Plan Maximum, the total will be calculated by taking the sum of your annual taxable gross and your entire leave balances, the total is divided by two and the amount less than the tax year contribution limit will then be deposited into the 401(a) account.</p>
What is the maximum I can contribute if I elect to split the contribution between the two Post Employment Plan options?	If you choose to split the contribution value of your PEP eligible leave accruals and contribute 50% to the VEBA HRA and 50% to the Special Pay Plan. There is no limit on the amount you may contribute to the VEBA HRA. The IRS tax year limit would apply to any contribution into the Special Pay Plan.	The Special Pay Plan is limited to the tax year contribution limit or your annual taxable gross, whichever is less. The remaining amount is paid to you in cash and taxes will be withheld, or you may elect to defer this payout to the 457 deferred compensation plan, subject to the maximum limits set by the IRS.
Requesting a Disbursement	After separating from service, you may begin filing claims for qualified out-of-pocket medical care expenses incurred by you, your spouse, and any qualified dependents. You may file claims for any amount, but reimbursements are limited to your available VEBA HRA account balance. Eligible benefits will be paid until your VEBA HRA account balance is exhausted.	<p>There is a thirty-day waiting period after separation from the County of Riverside, not returning to work in any capacity, after which time you may request a disbursement of your account.</p> <p>Disbursement forms may be obtained from the vendor managing your 401(a) account. For a Plan Administrator signature contact the Retirement Department at (951) 955-4981, Option 2 or retirement@rivco.org.</p> <p>Disbursement prior to retirement age may result in a penalty tax. You are encouraged to consult a tax advisor prior to requesting a withdrawal.</p>
Disbursement request processing time	<p>VEBA Automatic Premium Reimbursement payments are issued the first of each month. Claims for all other reimbursements will take approximately one week from the date the Plan Administrator receives your completed claim form.</p> <p>If CalPERS is deducting your medical insurance premium from your pension check, you may file an Automatic Premium Reimbursement Form with the Third-Party Administrator and request that a reimbursement of your medical insurance premium be deposited directly into your checking account.</p>	<p>Upon completion of a distribution request form, fax to the Retirement Department for a Plan Administrator Signature. Retirement Department Fax Number (951) 955-8538.</p> <p>Disbursement prior to retirement age may result in a penalty tax. You are encouraged to consult a tax advisor prior to requesting a withdrawal.</p>

Post-Employment Program Option Comparison Table

	VEBA Health Reimbursement Arrangement	Special Pay Plan
<p>What happens to my account if I am rehired?</p>	<p>If you separate from service and subsequently return to employment with the County, your VEBA HRA coverage must be limited. Your claims- eligibility will be limited to reimbursement of qualified expenses and premiums for dental, vision, and long-term care (“Excepted Benefits”) incurred during any period of reemployment. However, once you end your period of reemployment, you will be eligible to file claims for all qualified medical expenses and premiums once again.</p> <p>Your VEBA HRA account will not be affected if you are employed or reemployed by any other employer; only reemployment with the County will limit your VEBA HRA account.</p>	<p>If you have terminated employment and are subsequently rehired by the County of Riverside, you will not have access to distributions from your Special Pay account as an active employee in any capacity.</p>
<p>Plan Summary Document</p>	<p>The Summary Plan Description is intended to provide a summary of the Plan’s benefits and the rules that apply regarding the availability of your HRA benefits.</p> <p>For the most current version of the Summary Plan Description, please log in at healthinvesthra.com and click Resources on the menu bar, or contact Customer Care Center at (844) 342-5505 or customercare@healthinvesthra.com.</p>	<p>The Plan Document is available upon request by calling the County of Riverside Human Resources Retirement Division.</p>
<p>Third Party Administrator and Contact Information</p>	<p>The Third-Party Administrator of the VEBA HRA is:</p> <p>Gallagher HealthInvest HRA Address: PO Box 80967, Seattle, WA 98108 Phone: (844) 342-5505 Email: customercare@healthinvesthra.com Web: https://www.healthinvesthra.com/</p>	<p>The Plan Administrator is your current 401(a) Money Purchase Plan provider:</p> <p>Nationwide Retirement Solutions Website: www.RiversideCountyDC.com Phone: (877) 677-3678</p> <p>Corebridge Financial Website: https://www.corebridgefinancial.com/rs/home Phone: (800) 448-2542</p>
<p>Can I access my account online?</p>	<p>You may view your personal account information online after logging in to your account at healthinvesthra.com. Information available online includes account details and preferences, investment performance, contribution and claims history, and participant forms. You can also set up an automatic premium reimbursement, update account preferences, and update your personal information (name, address, etc.).</p>	<p>Account access is available by logging onto the vendor website who is managing your 401(a) account:</p> <p>Nationwide Retirement Solutions www.RiversideCountyDC.com</p> <p>Corebridge Financial https://www.corebridgefinancial.com/rs/home</p>
<p>Rollovers</p>	<p>No rollovers are permitted into or out of this account.</p>	<p>You may elect to have funds from this account rolled over into another 401(a), 401(k), 403(b), 457(b) or an Individual Retirement Account (IRA). Funds from other accounts cannot be rolled over into this account.</p>

Post-Employment Program Option Comparison Table

	VEBA Health Reimbursement Arrangement	Special Pay Plan
What happens if I get divorced?	In the event that you become divorced or legally separated, your account may be split as part of a divorce decree, court order, or similar agreement. Coverage for an ex-spouse is taxable. Contact the Customer Care Center for more information.	Please contact your vendor Nationwide or Corebridge Financial for more information.
Plan Expenses and Fees	Plan expenses include costs for plan administration services, including enrollment and claims processing, plan management, recordkeeping, legal, compliance, printing, banking and custodial, web management, investment management, postage, etc. These expenses are paid by an asset-based fee, which is converted to a flat dollar amount and deducted from participant accounts by the Third-Party Administrator service provider. Fees that are deducted from your account are listed on your account statements under Important Notes. You can get a list of fees applicable to your Plan and a copy of the Investment Fund Overview online after logging in at healthinvesthra.com and clicking Resources.	Investment Fund Fee: Management fees are outlined in the fund prospectus. These fees are typically “invisible” to the investor as the full return (or loss) minus fund management fees and are reported to you as the net earning or loss amount. Administrative Fee: 5 basis points.
Participant Account Statement	Participant account statements, which detail all your account activity, are updated quarterly and available for viewing online after logging in at healthinvesthra.com. If you are signed up for e-communication, you will receive quarterly email notifications as soon as your statements are available for online viewing. If you are not signed up for e-communication, paper statements will be mailed annually to your address on file.	A quarterly statement will be sent to your home mailing address.
Loans	Loans are not permissible from the Plan.	Permitted as an active employee.
What happens when my account balance is exhausted?	Your account is closed and your participant account statement will indicate a zero balance. No further reimbursement is Permitted	Your account is closed and your statement will indicate a zero balance.
What happens if I am rehired and eligible for the 401(a) Money Purchase Plan but have met the 401(a) maximum contribution for the year?	You will be credited with vacation leave equivalent to the County sponsored amount each pay period.	

Post-Employment Program Option Comparison Table

	VEBA Health Reimbursement Arrangement	Special Pay Plan
<p>What happens to an account balance in event of the death of a participant?</p>	<p>Generally, if you pass away with a vested, positive account balance and you are survived by a spouse or qualified dependents who are covered under your HRA plan, your spouse (which may include registered domestic partners, if recognized as legal spouses under state law) and/or dependents (or their guardians) may submit claims for medical expense reimbursements until your account is exhausted. In the unlikely event you pass away with an unused account balance and have no eligible survivors, the executor of your estate can spend down your account by filing claims for any unreimbursed medical care expenses you may have incurred prior to your death.</p> <p>Remaining funds (if any) after all final claims have been reimbursed would then be forfeited and recontributed per the terms of your plan sponsor's HealthInvest HRA Plan document or otherwise applied as directed by your plan sponsor. As a general rule, IRS rules do not permit the payment of benefits to nondependent heirs or beneficiaries under your Plan.</p>	<p>In the event of your death before retirement, your beneficiary will be entitled to receive a lump sum payment of your contributions, plus any accumulated interest.</p> <p>If you survive your designated beneficiary, your retirement benefit will be paid to your surviving spouse, your descendants, your executor, or your next of kin respectively.</p>

<p>Who is defined as an eligible dependent that I can submit reimbursement claims for?</p>	<p>Definition of Dependent</p> <p>Your spouse and dependents are eligible for coverage under your health reimbursement arrangement (HRA). Dependents must meet the definition of Qualifying Child or Qualifying Relative. These requirements are defined by Internal Revenue Code Sections 105(b) and 152.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>A Qualifying Child is someone who:</p> <ol style="list-style-type: none"> 1. Is the participant's son or daughter, stepchild, foster child; and 2. Is a citizen, national, or resident of the U.S. or a resident of Canada or Mexico; and 3. Is either: <ol style="list-style-type: none"> a. Age 26 or younger at the end of the calendar year in which expenses were incurred; or b. Permanently and totally disabled. <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 1. Is a brother, sister, stepbrother, stepsister, or a descendant of the participant's son, daughter, stepchild or foster child; and 2. Is either: <ol style="list-style-type: none"> a. Under age 19; or b. Under age 24 and a full-time student; or c. Permanently and totally disabled; and 3. Is younger than the participant; and 4. Lives with participant for more than half the year; and 5. Does not provide more than half of his or her own support; and 6. Will not file a joint tax return for the year in which the expense was incurred; and 7. Is a citizen, national, or resident of the U.S. or a resident of Canada or Mexico <p>Qualifying Child of Divorced or Separated Parents. A participant's child is treated as the dependent of both parents for the purposes of health plan coverage if during the calendar year in which expenses were incurred: (1) the participant's child is in the custody of the participant or their other parent for more than half the year; (2) the participant's child receives over half of his or her support during the year from the participant or their other parent.</p> </div> <div style="width: 48%;"> <p>A Qualifying Relative is someone who:</p> <ol style="list-style-type: none"> 1. Is the participant's: <ol style="list-style-type: none"> a. Son, daughter, stepchild, foster child, or a descendant of any of them (for example, a grandchild); or b. Brother, sister, or a son or daughter of either of them; or c. Father, mother, or an ancestor or sibling of either of them (for example, the participant's grandmother, grandfather, aunt, or uncle); or d. Stepbrother, stepsister, stepfather, stepmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law; or e. Any other person (other than the participant's spouse) who lived with the participant all year as a member of the household if such relationship did not violate local law; and 2. Will not be a qualifying child (see Qualifying Child above) of any other person as of the last day of the calendar year in which expenses were incurred; and 3. For whom the participant provided over half the support for the calendar year; and 4. Is a citizen, national, or resident of the U.S. or a resident of Canada or Mexico <p>Domestic Partners. Unless your domestic partner qualifies as a legal spouse under state law, a domestic partner must meet all of the Qualifying Relative requirements to be eligible for coverage under your HRA. If you need to list your domestic partner as a dependent, please give us a call.</p> </div> </div>
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PEP Health Reimbursement Arrangement Investment Managers and Deferred Compensation Vendors Corebridge and Nationwide

After you have made your Post Employment Program decisions, you may wish to contribute all or a portion of your leave payout to Deferred Compensation, further reducing your taxable income. For information regarding your PEP HRA Investments, please contact one of the financial advisors listed below.

Nationwide Retirement Solutions

OPEN OFFICE HOURS:

Every TUESDAY 9:00 AM – 3:00 PM

County Administrative Center (CAC) • Conference Room 1 • 4080 Lemon Street, Riverside, CA 92502

Nationwide Retirement Solutions (877) 677-3678 – www.RiversideCountyDC.com

Janice Nichols Nicho7@Nationwide.com	(760) 567-5007	Desert Areas
Mel Casupanan Casupm1@Nationwide.com	(951) 901-0514	All Areas, Hospital, DPSS
Lupita Ayala Ayalag2@Nationwide.com	(626) 742-0710	Hospital, DPSS
Travis Cross CROSST9@nationwide.com	(909) 557-6032	Hospital, Sheriff, Flood and Waste Resources

Corebridge Financial Services

OPEN OFFICE HOURS:



Every THURSDAY 10:30 AM – 3:00 PM

County Administrative Center (CAC) • Conference Room 1 • 4080 Lemon Street, Riverside, CA 92502

Corebridge Financial Client Care Center (800) 448-2542 – <https://www.corebridgefinancial.com/rs/home>

Scott Meinert Scott.Meinert@corebridgefinancial.com	(951) 225-5347	All Areas
Nain Perez Nain.Perez@corebridgefinancial.com	(951) 403-0652	All Areas
Tim McDonald Tim.McDonald@corebridgefinancial.com	(760) 835-9522	All Areas
Kevin Landen Kevin.Landen@corebridgefinancial.com	(951) 501-6432	All Areas
Roel Aguinaldo Roel.Aguinaldo@corebridgefinancial.com	(951) 205-9445	All Areas
Erin Green Erin.Green@corebridgefinancial.com	(951) 669-8900	All Areas
Joshua V. Cervantes Joshua.Cervantes@corebridgefinancial.com	(949) 648-4048	All Areas
Lucia “Lucy” Cruz Lucy.Cruz@corebridgefinancial.com	(281)878-2721	All Areas

Other Post-Separation Information

<p>What to do if Rescinding or Changing your Retirement</p>	<p>If you have completed paperwork for retirement, you must take the following steps if you cancel or change your retirement plans:</p> <ol style="list-style-type: none"> 1. Notify HR Retirement in writing at Retirement@rivco.org 2. Notify CalPERS by calling them directly at 888-225-7377
<p>Deferred Compensation</p>	<p>Plan Administrator Signature</p> <p>The Plan Administrator signature is required for distributions or rollovers. Participants may begin a distribution from their account 30 days after termination or retirement. Forms can be obtained by calling Nationwide Retirement Solutions at (877) 677-3678 or Corebridge Financial Retirement (888) 568-2542.</p> <p>Signature Guarantee</p> <ul style="list-style-type: none"> ▪ If you have changed your address of record within the past 15 business days or if your check is to be mailed to a third party's address. ▪ As a security protocol distribution amount over \$24,500.
<p>Public Safety Members</p>	<p>The Pension Protection Act of 2006 and the Defending Public Safety Employees' Retirement Act of 2015 offer distribution provisions specifically for the benefit of public safety workers.</p> <ol style="list-style-type: none"> 1. An exemption to the additional 10% tax for early withdrawals on distributions taken from a governmental defined benefit and/or defined contribution plan(s). 2. Tax-free distributions for qualified health insurance premiums taken from a 457(b) deferred compensation plan account.
	<p>Human Resources Retirement Division</p> <p>Phone: (951) 955-4981, Option 2 Email: Retirement@rivco.org Website: https://benefits.rc-hr.com/RetirementPlans.aspx</p> <p>Schedule an Appointment with the Retirement Division https://rchr.checkappointments.com/</p>
	<p>VEBA Health Reimbursement Arrangement Third Party Administrators</p> <p>Address: PO Box 80967, Seattle, WA 98108 Phone: (844) 342-5505 Email: customercare@healthinvesthira.com Website: https://www.healthinvesthira.com/</p>



CalPERS

Phone: (888) 225-7377 or TTY: (877) 249-7442

Fax: (800) 959-6545

International Calls: +1 916-795-3000

How to Register for my|CalPERS Go to my.calpers.ca.gov and follow the steps. my|CalPERS is your gateway to conduct business electronically with CalPERS and access real-time details about your CalPERS account.



Riverside Sheriff's Association

Address: 21810 Cactus Avenue, Riverside, CA 92518

Phone: (951) 653-5152

Benefit Trust

Phone: (951) 653-8014

Fax: (951) 653-9204

Email: RSABenefits@rcdsa.org Website: www.rcdsa.org/benefittrust



HealthInvest
HRA



September 30, 2025

Investment Fund Overview

You can invest your Gallagher HealthInvest HRA by choosing from a menu of available fund options. This lets you pick your investments based on what is most important to you.

- Your tolerance for risk and potential fluctuations in your account value
- The length of time until you expect to begin using your HRA (in-service versus post-separation HRA coverage)
- Whether you want to grow your account or preserve your account
- Investment management style, fund objectives, and fees
- Diversification

This Investment Fund Overview for your Plan is updated quarterly and contains historical performance data for each available fund. To get a current copy, log in at HealthInvestHRA.com and click Resources. Remember, past performance does not guarantee future results.

You should give careful consideration to the benefits of a well-balanced and diversified investment portfolio. Visit the sites listed below for information about investing.

- <https://investor.vanguard.com/investor-resources-education/how-to-invest>
- <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/pension-protection-act/investing-and-diversification>

Making a Change

To review or change your current investment selection, log in at HealthInvestHRA.com and click Investments on the menu bar.

- Your HRA will remain invested in your plan's default investment fund until you make a change.
- You can use any combination of available funds.
- You can make changes up to once per calendar month.
- If you are in multiple funds, medical care expense reimbursements from your HRA will be prorated based on your balance in each fund.

Investing involves risk, and you could lose money. You should consult with a professional financial advisor before making investment decisions. This Investment Fund Overview does not contain investment advice. HealthInvest HRA representatives do not give investment advice.

Expenses & Fees

Investment fund operating expenses vary by fund as shown in this Investment Fund Overview. Plan administrative fee structures vary by plan sponsor and usually include a flat monthly account fee and/or an annualized asset-based fee. These fees are deducted from your account or paid by your employer or plan sponsor. Fees deducted from your account are listed on your account statements under **Important Notes**.

Fees are used to pay plan expenses, such as enrollment and claims processing, plan management, recordkeeping, legal, compliance, printing, banking and custodial, web management, investment management, postage, etc. To the extent permitted or required by law, certain fees, assessments, or other amounts payable to the federal government may also be deducted from your account. It is possible that fees could exceed your investment return.

Fund Name (Ticker) Objective	Asset Category	Risk Level ²	Fund Operating Expense (%)	YTD 2025 (%)	Average Annual Returns (%) ¹						
					Calendar Year 2024	Calendar Year 2023	Calendar Year 2022	1-Year	3-Year	5-Year	10-Year
<u>Nationwide Fixed Fund</u>	Stable Value	Conservative	N/A	2.38	2.25	2.00	1.92	2.36	2.16	2.09	2.25
<u>Fidelity US Bond Index (FXNAX)</u>	Intermediate Core Bond	Conservative	0.03	6.05	1.34	5.54	-13.03	2.75	4.87	-0.48	1.80
<u>Sterling Capital Total Return Bond R6 (STRDX)</u>	Intermediate Core Bond	Conservative	0.35	5.90	2.26	5.97	-13.15	3.22	5.24	0.04	2.40
<u>Vanguard Equity-Income Adm (VEIRX)</u>	Large Value	Aggressive	0.18	13.19	15.16	7.76	0.00	12.36	16.96	14.84	12.11
<u>Fidelity 500 Index (FXAIX)</u>	Large Blend	Aggressive	0.02	14.82	25.00	26.29	-18.13	17.59	24.92	16.46	15.29
<u>JPMorgan Large Cap Growth R6 (JLGMDX)</u>	Large Growth	Very Aggressive	0.44	16.50	34.17	34.95	-25.21	22.70	29.76	15.88	19.64
<u>Allspring Special Mid Cap Value Fund (WFPRX)</u>	Mid-Cap Value	Aggressive	0.70	5.61	12.06	9.62	-4.50	1.68	13.95	13.86	10.42
<u>Fidelity Mid Cap Index (FSMDX)</u>	Mid-Cap Blend	Very Aggressive	0.03	10.39	15.35	17.21	-17.28	11.08	17.68	12.65	11.38
<u>MFS Mid Cap Growth R6 (OTCKX)</u>	Mid-Cap Growth	Very Aggressive	0.66	9.36	14.79	21.50	-28.29	10.99	17.78	7.53	12.61
<u>DFA US Targeted Value I (DFFVX)</u>	Small Value	Very Aggressive	0.29	6.49	9.33	19.31	-4.62	7.50	16.09	19.55	10.72
<u>Fidelity Small Cap Index (FSSNX)</u>	Small Blend	Very Aggressive	0.03	10.48	11.69	17.12	-20.27	10.95	15.36	11.65	9.90
<u>Hood River Small Cap Growth Ret (HRSIX)</u>	Small Growth	Extreme	0.99	17.72	35.69	21.60	-27.93	21.55	24.60	17.81	16.60
<u>Fidelity Total International Index (FTIHX)</u>	Foreign Large Blend	Aggressive	0.06	26.81	4.99	15.51	-16.28	17.18	20.85	10.28	-N/A
<u>MFS International Diversification R6 (MDIXX)</u>	Foreign Large Blend	Aggressive	0.73	23.41	6.52	14.44	-17.02	14.06	19.95	8.87	9.22
<u>Vanguard Target Retirement Income (VTINX)</u>	Target-Date Retirement	Conservative	0.08	9.61	6.58	10.74	-12.74	7.89	10.30	4.55	5.29
<u>Vanguard Target Retirement 2020 (VTWNX)</u>	Target-Date 2020	Moderate	0.08	10.35	7.75	12.51	-14.15	8.59	11.98	6.03	6.99
<u>Vanguard Target Retirement 2025 (VTYVX)</u>	Target-Date 2025	Moderate	0.08	12.36	9.44	14.55	-15.55	10.52	14.30	7.38	7.99
<u>Vanguard Target Retirement 2030 (VTHRX)</u>	Target-Date 2030	Moderate	0.08	13.62	10.64	16.03	-16.27	11.70	15.92	8.50	8.78
<u>Vanguard Target Retirement 2035 (VTTHX)</u>	Target-Date 2035	Moderate	0.08	14.68	11.78	17.14	-16.62	12.84	17.28	9.56	9.55
<u>Vanguard Target Retirement 2040 (VFORX)</u>	Target-Date 2040	Aggressive	0.08	15.64	12.88	18.34	-16.98	13.90	18.67	10.62	10.30
<u>Vanguard Target Retirement 2045 (VTIVX)</u>	Target-Date 2045	Aggressive	0.08	16.65	13.91	19.48	-17.36	14.94	20.01	11.66	10.89
<u>Vanguard Target Retirement 2050 (VFIEX)</u>	Target-Date 2050	Aggressive	0.08	17.82	14.64	20.17	-17.46	16.08	21.02	12.20	11.16
<u>Vanguard Target Retirement 2055 (VFFVF)</u>	Target-Date 2055	Aggressive	0.08	17.82	14.64	20.16	-17.46	16.07	21.03	12.20	11.15
<u>Vanguard Target Retirement 2060 (VTTSX)</u>	Target-Date 2060	Aggressive	0.08	17.81	14.63	20.18	-17.46	16.05	21.03	12.20	11.15
<u>Vanguard Target Retirement 2065+ (VLXVX)</u>	Target-Date 2065+	Aggressive	0.08	17.82	14.62	20.15	-17.39	16.02	21.01	12.21	-N/A
<u>Vanguard Target Retirement 2070 (VSVNX)</u>	Target-Date 2070+	Aggressive	0.08	17.80	14.59	20.24	-N/A	16.00	21.02	-N/A	-N/A

(1) Returns greater than one year are reported on a compound annualized basis. Performance and related statistics provided by Gallagher Fiduciary Advisors, LLC, with data through Morningstar.

(2) Risk Level² may also be characterized as the possible range of return volatility over a certain period, including the range of returns above or below each fund's average annual expected return forecast over long-term cycles (typically greater than 10 years).

Performance information listed above obtained from Morningstar®.

You should carefully consider an investment fund's objectives, risks, fees, charges, and expenses before investing. This and other important information is contained in the prospectus for each fund, which you can get at each fund's respective website as listed under **Fund Name** above. Read the prospectuses carefully before investing.

Past performance does not guarantee future results. Funds are not FDIC insured, are not guaranteed by a bank, and may lose value. Current performance may be higher or lower than the performance shown. The investment return and principal value of an investment will fluctuate so that your account value, when withdrawn, could be worth more or less than its original value. Investment values will fluctuate, and there is no assurance that the objective of any fund will be achieved.

Ask Questions

1-844-342-5505

More Information

HealthInvestHRA.com



Insurance | Risk Management | Consulting

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Sample - Claim Form



Claim Form

Use this form to reimburse your qualified out-of-pocket medical expenses

Submit your claims and supporting documentation online. It's faster and more secure.

(1) Log in at **HRAGO**® (mobile app) or **HealthInvestHRA.com**; (2) Click **Claims**; and (3) Click **Submit a Claim**.

Or, mail completed form and supporting documentation to: HealthInvest HRA, PO Box 4390, Clinton, IA 52733-4390.

1 PARTICIPANT INFORMATION Clear Form

If you have more than one claims-eligible account, enter the participant account number of the account from which you want to be reimbursed. Otherwise, your claim will be reimbursed from the account with the earliest claims-eligibility date.

ACCOUNT NUMBER or SSN _____ DATE OF BIRTH mm / dd / yyyy _____

LAST NAME _____ FIRST NAME _____ M.I. _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

AREA CODE and PHONE NUMBER _____ EMAIL ADDRESS (use home or personal email address) _____

GO GREEN! Sign up for **e-communication** and avoid the paper clutter. Make your election online. Log in at **HealthInvestHRA.com** and click **My Profile** to update your **Account Preferences**.

IMPORTANT: Have you previously separated or retired from the employer that made or is making contributions to this account?

YES NO

DATE OF SEPARATION or RETIREMENT mm / dd / yyyy _____ EMPLOYER NAME _____

2 CERTIFICATIONS: READ BEFORE SUBMITTING

By submitting this form, I (the participant) certify: (1) To the best of my knowledge, all amounts listed are for qualified out-of-pocket expenses or premiums for medical, dental, vision, or long-term care. (2) For participants with full in-service benefits (claims eligibility) who are still employed by the employer who set up their HRA: Any major medical expense for my spouse or dependent was incurred while he or she was covered by an employer-sponsored group health plan. Also, any out-of-pocket premium expense is for group coverage through an employer and paid for on an after-tax basis. (3) For participants with full benefits (claims eligibility) only after separation from service: Any major medical expense was incurred while I was separated from the employer who set up my HRA. (4) Items purchased are for use by me or one or more covered individuals, and I will pay back my reimbursement if I return an item to the retailer or sell an item to a third party. (5) I agree to hold the Plan and its agents harmless for any adverse tax consequences. (6) I have read and agree to the **Terms and Conditions** in the **Plan Summary/Summary Plan Description** as amended from time to time, which is available after logging in at **HealthInvestHRA.com** and clicking **Resources**.

3 EXPENSE INFORMATION

Submitting expenses for your spouse or a dependent? Please enter his or her name, Social Security number, and date of birth in the Covered Individual column.

Covered Individual	Date of Service	Expense Amount
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Spouse/Dependent Name: _____ SSN: _____ DOB: _____		
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Spouse/Dependent Name: _____ SSN: _____ DOB: _____		
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Spouse/Dependent Name: _____ SSN: _____ DOB: _____		

Have more expenses? Use another form or include an itemized list on a separate sheet of paper.

What is the difference between retiring on December 31st vs. January 1st?

The difference between these two dates is only one day, but it can have a big effect on your retirement benefits over time. Your first Cost of Living Adjustment (COLA) is paid on May 1st of the second calendar year after you retire, and annually after that.

For example, a December 31, 2025 retirement date has a COLA that will go into effect May 2027.

If your retirement date is January 1, 2026, your COLA will go into effect May 2028.

For a December 31, 2025 retirement date, your last day of work must be December 30, 2025.

For a January 1, 2026 retirement date, your last day of work must be December 31, 2025

January							February							March								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
			1	2	3	4				\$	6	7	8	1				\$	6	7	8	
5	6	7	\$	9	10	11	2	3	4	\$	12	13	14	15	9	10	11	\$	12	13	14	15
12	13	14	\$	15	16	17	18	16	17	18	\$	20	21	22	16	17	18	\$	20	21	22	
19	20	21	\$	23	24	25	23	24	25	26	27	28	23	24	25	26	27	28	29			
26	27	28	29	30	31	23	24	25	26	27	28	30	31									

National Date Festival February 13 - March 2, 2025




Riverside County 2025 Payroll Calendar




COMMUNITY NOW. SERVICES NOW.

\$ Pay Day
County Holiday

April							May							June							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
		1	\$	3	4	5					1	2	3	1	2	3	4	5	6	7	
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	\$	12	13	14	
13	14	15	\$	17	18	19	11	12	13	\$	15	16	17	15	16	17	18	19	20	21	
20	21	22	\$	23	24	25	26	18	19	20	21	22	23	24	22	23	24	\$	26	27	28
27	28	29	\$	25	26	27	28	29	30	31	29	30	29	30							

June 19th observed for SEIU and LIR/NA union members only

July							August							September							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
		1	2	3	4	5						1	2		1	2	\$	4	5	6	
6	7	8	\$	10	11	12	3	4	5	\$	7	8	9	7	8	9	10	11	12	13	
13	14	15	\$	16	17	18	19	10	11	12	13	14	15	16	14	15	16	\$	18	19	20
20	21	22	\$	24	25	26	17	18	19	\$	21	22	23	21	22	23	24	25	26	27	
27	28	29	30	31	24	25	26	27	28	29	30	28	29	30							

October							November							December							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
			\$	2	3	4						1		1	2	3	4	5	6		
5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	\$	11	12	13	
12	13	14	\$	16	17	18	9	10	11	\$	13	14	15	14	15	16	17	18	19	20	
19	20	21	\$	22	23	24	25	16	17	18	19	20	21	22	21	22	23	\$	25	26	27
26	27	28	\$	30	31	23	24	25	\$	27	28	29	28	29	30	31					