Retirement Plan Election Form

(For employees hired/eligible on or after Aug. 1 2005)

You will have 120 days from the starting date of your employment to complete and return this election form to the Human Resources Department at your institution. If you want to become a member of an Ohio state retirement system, simply check the appropriate line in Section II below and select one of the plans. If you do not elect to participate in an ARP or do not return this form within the prescribed time period, you will be enrolled in the applicable state retirement system.

Section I – Biographical Information (please print or type.)

Name_____ Social Security no. _____
First Middle Initial Last

Address_____ Telephone number (___)_____

_____ Date of birth_____ Gender_____
City State Zip Code

Employee identification number _____ Hire Date _____

Are you receiving a retirement benefit from one of these Ohio retirement systems: HRPS, OPERS, OP&F, SERS or STRS Ohio? ____Yes ____No

If "Yes", which system? _____ Effective date of retirement _____

Section II – Election (Choose only one.)

☐ **I elect to participate in the state retirement system for which I am eligible.**

- SERS
- STRS Ohio*

I understand that I may not change my election to participate in the state retirement system after my election period expires and that my election will be **irrevocable** while I am continuously employed in a position at my current college or university.

*Eligible employees may be able to participate in a defined contribution plan. Contact your applicable retirement system for more information about these plans and eligibility.

☐ **I elect to participate in an ARP**. (Select only one of the following ARP carriers. You must contact your chosen carrier to enroll.)

☐ **Equitable/AXA** ☐ **____AIG/VALIC**

☐ **TIAA-CREF** ☐ **____ VOYA**

I understand that by electing to participate in an ARP I am **irrevocably** waiving my right to participate in the eligible state retirement system while I am continuously employed in a position at my college or university. I also understand that by electing to participate in an ARP offered by a private plan provider, I will be forever barred from claiming or purchasing service credit or participating in other plans offered by any state retirement system for the period that an election to participate in and ARP is effective.

Section III - Authorization

I hereby certify the election chosen above in Section II. I understand that I will be able to make an election to participate in another ARP or Ohio public retirement system if I cease to be continuously employed or am subsequently employed full time by another Ohio public institution of higher education in a position for which a retirement election is available.

_____ _____
Employee's signature Date

OFFICE OF HUMAN RESOURCES USE ONLY

For ARP Elections Only

Contributions made to the applicable state system during the election period to be forwarded to the ARP provider:

	Amount
Employee contributions	_____
Total employer contributions	_____
Less supplemental contributions	_____
Employer contributions to ARP provider	_____
Date of last payroll report with employee contributions to applicable state system	_____

Applicable state system ____ SERS ___ STRS Ohio

Annual compensation _____

Date election form received by college/university _____

First date eligible to participate in an ARP _____

Certified by _____

Title _____

College/University_____

Employer Code _____