

# 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.)

- |   |   |
|---|---|
| <input type="checkbox"/> AXA Equitable Life Insurance Co. | <input type="checkbox"/> Teachers Insurance and Annuity Association (TIAA-CREF) |
| <input type="checkbox"/> Nationwide Life Insurance Co.    | <input type="checkbox"/> VALIC  |
|   | <input type="checkbox"/> 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 an 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:	Applicable state system <input type="checkbox"/> SERS <input type="checkbox"/> STRS Ohio
Amount	Annual compensation _____
Employee contributions _____	Date election form received by college/university _____
Total employer contributions _____	First date eligible to participate in an ARP _____
Less supplemental contributions _____	Certified by _____
Employer contributions to ARP provider _____	Title _____
Date of last payroll report with employee contributions to applicable state system _____	College/University _____
	Employer Code _____