

# RETIREMENT PLAN ELECTION FORM

You will have **120 days** from your first day of paid service 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 box in Section 2 below. If you want to participate in an alternative retirement plan (ARP) offered by a private plan provider, check the appropriate box in Section 2 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 1 — Biographical Information** (Please print or type.)

Name \_\_\_\_\_ Social Security no. \_\_\_\_\_  
First Middle initial Last

Address \_\_\_\_\_ Phone number \_\_\_\_\_  
Area code

\_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_  
City State ZIP code

Employee identification number \_\_\_\_\_ Hire date \_\_\_\_\_  
If applicable

Are you receiving a retirement benefit from one of these Ohio retirement systems: HPRS, OPERS, OP&F, SERS or STRS Ohio?  Yes  No

If "Yes," which system? \_\_\_\_\_ Effective date of retirement \_\_\_\_\_

**Section 2 — Election** (Choose only one.)

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

- OPERS\*
- 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.)

AIG (formerly known as VALIC)  Fidelity Investments

AXA Equitable Life Insurance Co.  TIAA

Account Number: \_\_\_\_\_

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 3 — Authorization**

I hereby certify the election chosen above in Section 2. 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  OPERS  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 \_\_\_\_\_

