

## RETIREMENT PLAN ELECTION FORM

**Instructions:**

- You have 120 days from the date of your eligible employment to submit this form to the Human Resources Department.
- If you wish to elect OPERS or STRS, simply check the appropriate box in Section 2 below.
- If you wish to participate in the Alternative Retirement Plan (ARP), check the appropriate box in Section 2 below and select one of the providers.
- If you do not make an election during the 120-day period, you will default to OPERS or STRS, as appropriate.

Contact the Human Resources Department at Keisha James at 513-556-2446 or [honestop@uc.edu](mailto:honestop@uc.edu) with any questions.

### SECTION 1: PERSONAL INFORMATION

Employee's Full Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Social Security Number (required) \_\_\_\_\_

Home Mailing Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Hire \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

UC Employee ID# (required) \_\_\_\_\_

Are you currently receiving a retirement benefit from any State of Ohio retirement system?  Yes  No

If no, continue to Section 2. If yes, which system?  OPERS  SERS  STRS

Have you previously had the option to elect the Alternative Retirement Plan in the State of Ohio?  Yes  No

If no, continue to Section 2. If yes, date of previous eligibility: \_\_\_\_\_ at (name of school): \_\_\_\_\_

### SECTION 2: ELECTION OF RETIREMENT PROGRAM (choose only one)

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

- STRS for eligible faculty
- OPERS for eligible staff

I understand that by electing to participate in a state retirement system, I am **irrevocably** waiving my right to participate in the Alternative Retirement Plan while I am continuously employed at University of Cincinnati.

\*If you choose a state retirement system, you have 180 days from your eligibility to select a retirement system plan option. Contact STRS or OPERS for details.

I elect to participate in the ARP. (Select one of the following ARP providers.)  
You **MUST** contact your chosen provider in order to complete the enrollment.

- |   |  |
|---|--|
| <input type="checkbox"/> AXA/Equitable                        | <input type="checkbox"/> Nationwide Life Insurance Co. |
| <input type="checkbox"/> Fidelity                             | <input type="checkbox"/> TIAA-CREF                     |
| <input type="checkbox"/> Great American Insurance Co. Lincoln | <input type="checkbox"/> VALIC                         |
| <input type="checkbox"/> National Life Insurance Co.          | <input type="checkbox"/> VOYA (formerlyING)            |
| <input type="checkbox"/> Metropolitan Life Resources          |  |

You **MUST** contact your chosen provider in order to complete the enrollment process.

**ARP Account Number/Plan ID# (last four digits only):** \_\_\_\_\_

### SECTION 3: AUTHORIZATION

I understand that by electing to participate in the ARP I am irrevocably waiving my right to participate in the eligible state retirement system while I am employed at the University of Cincinnati. I also understand that by electing to participate in the ARP, I will be forever barred from claiming or purchasing service credit under any state retirement system for the period that an election to participate in the ARP is effective. I must complete an enrollment application to activate an account with my selected ARP provider.

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 employed for at least 365 days or am subsequently employed full-time by another Ohio public institution of higher education in a position for which a retirement election is available.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Human Resources Department must receive your completed form by 5pm EST on the last business day before the 120<sup>th</sup> day.  
Refer to the ARP Deadline Calendar (<http://www.uc.edu/content/dam/uc/hr/benefits/retirement/arp-deadlines-2016.pdf>) for your 120<sup>th</sup> day.

#### FOR OFFICE OF HUMAN RESOURCES USE ONLY

**For ARP Elections Only.** Contribution made to the applicable state system during the election period to be forwarded to the ARP provider.

Annual Compensation _____	Applicable State System: <input type="checkbox"/> OPRES-1630 <input type="checkbox"/> STRS Ohio-9430
Employee Contributions _____	Date eligible for ARP _____
Total Employer Contributions _____	Date form received _____
Less Supplemental Contribution _____	Certified by _____
Employee Contribution to ARP Provider _____	Title _____
Date of last payroll report with employee contributions to applicable state system _____	