



# 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 Benefits Administration. If you wish to become a member of an Ohio state retirement system, simply check the box in Section II below. If you wish to participate in an alternative retirement plan (ARP) offered by a private plan provider, check the appropriate box in Section II below and select one of the plans. If you do not make an election and 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 \_\_\_\_\_  
First Middle initial Last

Social Security no. \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

\_\_\_\_\_  
City State ZIP code

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

Employee identification number \_\_\_\_\_  
If applicable

Hire date \_\_\_\_\_

Are you receiving a retirement benefit from one of these Ohio retirement systems: HPERs, 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.
- STRS Ohio\*
  - OPERS\*
  - SERS

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

- AIG Retirement Services
- AXA Equitable
- Lincoln National Life
- TIAA CREF
- Voya Financial

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 any position at The University of Akron.

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 any position at The University of Akron. 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.

\*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.

## 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 3305.6 contribution.....	_____
Employer contributions to ARP provider.....	_____
Date of last payroll report with employee contributions to applicable state system.....	_____

Applicable state system  STRS Ohio  OPERS  SERS

Annual compensation \_\_\_\_\_

Date election form received by university/college \_\_\_\_\_

Certified by \_\_\_\_\_

Title \_\_\_\_\_

University/College The University of Akron

Employer Code \_\_\_\_\_