



**Retirement Plan Election Form for Current Employees**

**Instructions:** You have 120 days from Date of Hire, to complete and return this election form to Ohio University Human Resources. If you want to remain a participant of an Ohio state retirement system, simply check the appropriate box in Section II below. If you want 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 providers. If you do not elect to participate in an ARP or do not return this form within the prescribed time period, you will remain in the applicable state retirement system. Contact Human Resources at 740-593-9360 with any questions.

**SECTION I: PERSONAL INFORMATION**

OU Employee's Full Name: <i>First</i> _____ <i>M.I.</i> _____ <i>Last</i> _____			
Address: _____			Date of Birth _____
City _____	State _____	Zip Code _____	Sex _____
Social Security # _____		OU Employee ID # _____	N/A _____
E-mail Address _____		Daytime Phone # _____	OU Appointment Date _____
Are you currently receiving a retirement check from the state of Ohio retirement systems? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If "No," skip to Section II.			
If "Yes," which system: <input type="checkbox"/> OPERS <input type="checkbox"/> SERS <input type="checkbox"/> STRS-Ohio Effective date of Retirement _____			

**SECTION II: ELECTION (Choose only one)**

<input type="checkbox"/> I elect to participate in the state retirement system for which I am eligible. <ul style="list-style-type: none"> <li>• STRS-Ohio for eligible faculty</li> <li>• OPERS for eligible staff</li> </ul> <p>I understand that by electing to participate in the state retirement system I am irrevocably waiving by right to participate in an Alternative Retirement Plan while I am employed at Ohio University.</p> <p><small>*Employees may be eligible to participate in a defined-contribution plan or combined plan through their eligible state plan (STRS/OPERS) if eligible, and selecting the state retirement system, you will have a total of 180 days from your date of eligibility to make your selection directly with the applicable state system (STRS/OPERS).</small></p>	<input checked="" type="checkbox"/> I elect to participate in an ARP. (Select only one of the following ARP plans. You must contact your chosen vendor in order to complete the enrollment process.) <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Metropolitan Life Insurance Co.</td> <td><input type="checkbox"/> Lincoln National Life Insurance Co.</td> </tr> <tr> <td><input type="checkbox"/> AXA Equitable</td> <td><input type="checkbox"/> Nationwide Life Insurance Co.</td> </tr> <tr> <td><input type="checkbox"/> Great American Life Insurance Co.</td> <td><input type="checkbox"/> TIAA-CREF</td> </tr> <tr> <td><input type="checkbox"/> ING Financial Services</td> <td><input type="checkbox"/> VALIC</td> </tr> </table> <p>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 employed at Ohio University. I also understand that by electing to participate in an 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 an ARP is effective. I must complete an enrollment application to activate an account with the ARP vendor.</p>	<input type="checkbox"/> Metropolitan Life Insurance Co.	<input type="checkbox"/> Lincoln National Life Insurance Co.	<input type="checkbox"/> AXA Equitable	<input type="checkbox"/> Nationwide Life Insurance Co.	<input type="checkbox"/> Great American Life Insurance Co.	<input type="checkbox"/> TIAA-CREF	<input type="checkbox"/> ING Financial Services	<input type="checkbox"/> VALIC
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<input type="checkbox"/> ING Financial Services	<input type="checkbox"/> VALIC								

**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 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: \_\_\_\_\_

RETURN TO:

Human Resources, 169 West Union Street, Human Resources and Training Center, Athens, OH 45701-2979

**THIS SECTION IS FOR 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  OPERS

Employee contributions \_\_\_\_\_  
 Total employer contributions \_\_\_\_\_  
 Less 3305.06 contributions \_\_\_\_\_  
 Employer contributions \_\_\_\_\_  
 Date of last payroll report with employee contributions to applicable state system \_\_\_\_\_

Annual compensation \_\_\_\_\_  
 Date election form received by Ohio University \_\_\_\_\_  
 Certified by \_\_\_\_\_  
 Title \_\_\_\_\_  
 Employer Code \_\_\_\_\_