RETIREMENT PLAN ELECTION FORM

(For employees hired/eligible on or after Aug. 1, 2005)

You will have **120 days** from your full-time date of hire to complete and return this election form to the Human Resources Department at your institution. 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 plans. 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.

Section I – Biological Information (Please print or type)				
Employee ID No.				_ Social Security No
Name				Telephone number()
A 11	Last	First	Middle Initial	
Address				Date of birth Gender
	City	State	Zip Code	Hire date
Are you receiving a retirement benefit from one of these Ohio retirement systems: HPRS, OPERS, OP&F, SERS or STRS Ohio? Yes				
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. • OPERS OPERS OPERS				
	Al		VALIC TIAA Equitable Voya	
election to p system after that my elect am continuou	understand that I may not change my ction to participate in the state retirement tem after my election period expires and t my election will be irrevocable while I continuously employed in a position at my rent college or university. I understand that by electing to participate in an ARP I am irrevocably waiving my right 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 purcha 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
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OFFICE OF HUMAN RESOURCES USE ONLY				
	For ARP Elections Only		Applicable sta	ate system: OPERS SERS STRS Ohio
	contributions		Annual comp	ensation
employee s		Amount	Date election	form received by college/university
Employee co			Certified by	
Total emplo		••••		
			Title	
			College/Unive	ersity
Contribution			Employer cod	de

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