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)			
BGSU ID No			Social Security No.
Name			Telephone number()
Last Fir Address	rst	Middle Initial	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 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. OPERS			
• SERS • STRS Ohio	AXA Equitable Fidelity Teachers Insurance & Annuity Assoc. Voya		
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.	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 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		Applicable state	system: OPERS SERS STRS Ohio
Contributions made to the applicable state employee's election date to be forwarded to the A Employee contributions		Annual compens	ation
		Date election for	m received by college/university
	Amount	Certified by	
Less supplemental contributions			
Date of last payroll report with employee		College/Universit	ty
Contributions to applicable state system		Employer code _	