

# 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 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  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

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

- |  |  |
|--|--|
| <input type="checkbox"/> AXA Equitable Life Insurance Co.    | <input type="checkbox"/> Teachers Insurance & Annuity Assoc. |
| <input type="checkbox"/> Fidelity                            | <input type="checkbox"/> Valic                               |
| <input type="checkbox"/> Lincoln National Life Insurance Co. | <input type="checkbox"/> Voya (formerly ING)                 |
| <input type="checkbox"/> Nationwide Life Insurance Co.       |  |

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

Contributions made to the applicable state system after employee's election date to be forwarded to the ARP provider:

	Amount
Employee contributions .....	_____
Total employer contributions .....	_____
Less supplemental contributions .....	_____
Employer contributions to ARP provider .....	_____
Date of last payroll report with employee	_____
Contributions to applicable state system.....	_____

Applicable state system:  OPERS  SERS  STRS Ohio

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

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

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

Title \_\_\_\_\_

College/University \_\_\_\_\_

Employer code \_\_\_\_\_