

RETIREMENT PLAN ELECTION FORM

Important Information:

- [qwj cxg'342Tc{u'from the start date of your full time employment to submit your completed retirement plan election form with signed provider authorization (if electing ARP) to the HR Benefits Department
- Kf'(qw'y kuj "q'grgeVQRGTU'qt'UVTU."ej genij g'cr r tqr tkcg'dqz'lp'Ugevkqp'4'dgny , sign the form and return to the HR Benefits Department
- Kf'(q'ware full time and y kuj "q'r ctvlekr cvg'lp'yj g'cngtpevkxg'Tgwtgo gpvRrep"CTR:
 - **You MUST contact and enroll with one of the providers listed below before returning this form**
 - A **SIGNATURE** from your Provider is **REQUIRED**, unless other enrollment proof (Account Number, Website Enrollment, etc.) is submitted
 - Check the appropriate box in Section 2 below, sign the form and return to the HR Benefits Department
- If your completed/authorized election form is **NOT** received in 120 days."{qw'y knif ghrvn"q'QRGTU'qt'UVTU."cu'eligible0"
- Scan and Email completed form to Benefits@UToledo.edu or mail to MS205.

Section 1 — Biographical Information (Please print or type.)

Name _____ Rocket Number (Required): _____ Hire date: _____
First M. I. Last

Address _____ Social Security #: _____
Street Address

_____ Birth date: _____ Phone number: _____
City State ZIP Code

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 2 — 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.

*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.

I elect to participate in an ARP: Select only one of the following ARP providers. **You must contact and enroll with your chosen carrier.**

VALIC/AIG **Provider Authorization OR Enrollment Confirmation :**

8(WWfk _____

F;33 _____

Voya Financial Signature of Provider Representative (Required)

_____ Date _____

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 3 — Authorization

I hereby certify the election chosen above in Section 2. 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 _____

STRS ARP UT Code:	OPERS ARP UT Code:
Stop: 100	Stop: 120
Start: 130 _____	Start: 121 _____
Start: 140 10	Start 141 10

Applicable state system OPERS SERS STRS Ohio

Annual compensation: _____

Date election form received by college/university: _____

First date eligible to participate in an ARP: _____

Certified by: _____

Title: _____

College/University: The University of Toledo

Employer code: 164708 (HSC-Staff) 164808 (MC-Staff) 9418 (Faculty)
(circle one)