

RETIREMENT PLAN ELECTION FORM

You will have 120 days from the starting date of your employment to complete and return this election form to the Human Resources Service Center. If you want to become a member 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 be enrolled in the applicable state retirement system.

ONLY ORIGINAL FORMS WILL BE ACCEPTED.

Section I – Biographical Information (Please print legibly)

Name _____ Social Security # _____
 Address _____ Telephone # _____
 _____ Date of Birth _____
 Employee ID # _____ Hire Date _____

Are you receiving a retirement benefit from one of these Ohio retirement systems: HPRS, OPERS, SERS, STRS? Yes No
 If "Yes," which system? _____

Section II – Election (Choose only one.)

I elect to participate in the statement retirement system for which I am eligible.
 • OPERS*
 • 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 the University of Cincinnati.

*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 carriers. You must contact your chosen carrier to enroll.)

- AIG VALIC
- AXA Equitable Life Insurance Company
- Great American Life Insurance Company
- ING Life Insurance Company
- Lincoln National Life Insurance Company
- Metropolitan Life Insurance Company
- Nationwide Life Insurance Company
- TIAA-CREF

I understand that by electing to participate in an ARP I am irrevocable waiving my right to participate in the eligible state retirement system while I am continuously employed at the University of Cincinnati. 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-----

Contributions made to the applicable state system during the election date to be forwarded to the ARP provider.	Applicable state system: <input type="checkbox"/> OPERS <input type="checkbox"/> STRS Ohio Date eligible for ARP: _____ Date form received: _____
Annual Compensation	Certified by: _____
Employee contributions	Title: _____
Total employer contributions	College/University: _____
Less supplemental contribution	Employer code: _____
Employee contribution to ARP provider	
Date of last payroll report with employee contributions to applicable state system	

