ARP Provider Change Form

As a participant in the Ohio Alternative Retirement Plan (ARP) at the University of Cincinnati, you are eligible to change your ARP provider at any time during the year. Your change request will be effective based upon receipt in UC HR and payroll processing deadlines.

Section I: Personal Information (Please Print Legibly)

Name: ___________________________ UCID # (REQUIRED): ___________________________
Email: ___________________________ Daytime Phone Number: ___________________________

If change is to be effective other than the next available pay period, please specify date: ___________________________

Section II – Election

My current ARP provider is:
☐ AXA Equitable
☐ Fidelity
☐ Great American Insurance Co.
☐ Lincoln National Life Insurance Co.
☐ Metropolitan Life Resources
☐ Nationwide Life Insurance Co.
☐ TIAA-CREF
☐ VALIC
☐ VOYA (ING)

Contact information for the ARP providers is available on benefits website under Retirement.

Account Number/Plan ID# (last four digits only): ___________________________

☐ I elect the ARP provider indicated below. I understand it is my responsibility to establish an account and arrange for any desired transfer of existing account balances.
☐ AXA Equitable
☐ Fidelity
☐ TIAA-CREF
☐ VOYA (ING)

Section III – Authorization

I hereby certify the election chosen above in Section II. This election to change providers shall remain in full force and effect while I am employed by the University of Cincinnati and/or until a new provider election is made.

Signature: ______________________________________ Date: ___________________________

Retain a copy for your records. Return the form to: UC Human Resources, Benefits Department, PO Box 210039, Cincinnati, Ohio 45221-0039 or benefits@uc.edu. If you have questions, contact UC HR at (513) 556-6381.

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