



Human Resources Department
 Administration and Finance Division
 University of Cincinnati
 51 Goodman Drive Suite 340
 Cincinnati OH 45221-0039
 Phone: 513-556-6381
 Fax: 513-556-9652

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) _____ Daytime Telephone # _____

E-mail address: _____

If other than the next available pay period, please specify _____

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)

If you change ARP providers, state legislation allows you to transfer a portion or all of your existing ARP balance to the new provider. Account transfers may be temporarily restricted based on account type. You must contact your new provider to establish the account and to arrange for any desired transfer of your current account balance. Change will be effective based on receipt in UC HR and payroll processing deadlines.

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
- Lincoln National Life Insurance Co.
- Nationwide Life Insurance Co.
- TIAA-CREF
- VALIC
- VOYA (ING)

Contact information for the ARP providers is available at <http://www.uc.edu/hr/benefits> under retirement.

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

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.