



RETIREMENT PLAN ELECTION FORM

Human Resources Department
Administration and Finance
University of Cincinnati
PO Box 210039
Cincinnati OH 45221-0039
Phone: 513-556-6381

Instructions:

- You have 120 days from the date of your eligible employment to submit this form to the Human Resources Department.
If you wish to elect OPERS or STRS, simply check the appropriate box in Section 2 below.
If you wish to participate in the Alternative Retirement Plan (ARP), check the appropriate box in Section 2 below and select one of the providers.
If you do not make an election during the 120-day period, you will default to OPERS or STRS, as appropriate.

Contact the Human Resources Department: Keisha James at 513-556-2446 or benefits@uc.edu with any questions.

SECTION 1: PERSONAL INFORMATION

Employee's Full Name: First M.I. Last Social Security Number (required)
Home Mailing Address: Street City State Zip
Date of Hire Date of Birth Sex

UC Employee ID# (required)

Are you currently receiving a retirement benefit from any State of Ohio retirement system? Yes No

If no, continue to Section 2. If yes, which system? OPERS SERS STRS

Have you previously had the option to elect the Alternative Retirement Plan in the State of Ohio? Yes No

If no, continue to Section 2. If yes, date of previous eligibility: at (name of school):

SECTION 2: ELECTION OF RETIREMENT PROGRAM (choose only one)

I elect to participate in the state retirement system for which I am eligible*

- STRS for eligible faculty
OPERS for eligible staff

I understand that by electing to participate in a state retirement system, I am irrevocably waiving my right to participate in the Alternative Retirement Plan while I am continuously employed at the University of Cincinnati.

*If you choose a state retirement system, you have 180 days from your eligibility to select a retirement system plan option. Contact STRS or OPERS for details.

I elect to participate in the ARP. (Select one of the following ARP providers.) You MUST contact your chosen provider in order to complete the enrollment.

- AXA/Equitable TIAA-CREF
Fidelity VALIC
Lincoln National Life Insurance Co. VOYA (formerly ING)
Nationwide Life Insurance Co.

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

SECTION 3: AUTHORIZATION

I understand that by electing to participate in the ARP I am irrevocably waiving my right to participate in the eligible state retirement system while I am employed at the University of Cincinnati. I also understand that by electing to participate in the ARP, I will be forever barred from claiming or purchasing service credit under any state retirement system for the period that an election to participate in the ARP is effective. I must complete an enrollment application to activate an account with my selected ARP provider.

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 employed for at least 365 days or am subsequently employed full-time by another Ohio public institution of higher education in a position for which a retirement election is available.

Signature

Date

The Human Resources Department must receive your completed form by 5pm EST on the last business day before the 120th day. Refer to the ARP Deadline Calendar (http://www.uc.edu/hr/benefits.html) for your 120th day deadline.

FOR 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.
Annual Compensation Applicable State System: OPERS-1630 STRS Ohio-9430
Employee Contributions Date eligible for ARP:
Total Employer Contributions Date from received:
Less Supplemental Contribution Certified by
Employer Contribution to ARP Provider Title
Date of last payroll report with employee contributions to applicable state system