RETIREMENT PLAN ELECTION FORM

(For employees hired/eligible on or after Aug. 1, 2005)

You will have **120 days** from the starting date of your employment to complete and return this election form to the Human Resources Department at your institution. If you want to become a member of an Ohio state retirement system, simply check the appropriate box in Section 2 below. If you want to participate in an alternative retirement plan (ARP) offered by a private plan provider, check the appropriate box in Section 2 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.

Section 1 — Biographical Information (Ple	ase print or type.)			
NameFirst Middle initial Last		Social Security no.		
Address			ber ()	
		Birth date _		Gender
City State ZIP co Employee identification number				
Are you receiving a retirement benefit from one of the			ERS or STRS Ohio?	s 🖵 No
If "Yes," which system?			ate of retirement	
Section 2 — Election (Choose only one.)				
☐ I elect to participate in the state retirement system for which I am eligible. • OPERS*	contact your chos	sen carrier to enroll.)	Lincoln National Lif	e Insurance Co.
• SERS	SERS		a Life Assurance Co.	
• STRS Ohio*	AXA Equitable Life Insurance Co.		□ Nationwide Life Insurance Co.□ TIAA-CREF	
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	☐ Fidelity Investments ☐ Great American Life Insurance Co.		☐ The Hartford	
	☐ Voya Financial		☐ The Travelers Companies, Inc.	
*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 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 Secti retirement system if I cease to be continuously em in a position for which a retirement election is ava	ployed or am subsequentl	vill be able to make an ele ly employed full time by a	ection to participate in anoth another Ohio public instituti	er ARP or Ohio public ion of higher education
Employee's signature				Date
OF	FICE OF HUMAN F	RESOURCES USE (ONLY	
For ARP Elections Onl	y	Applicable state system	m 🖵 OPERS 🖵 S	ERS STRS Ohio
Contributions made to the applicable state system during the election period to be forwarded to the ARP provider:		Annual compensation		
period to be forwarded to the ART provider.	Amount	Amount Date election form received by college/university		
Employee contributions		First date eligible to participate in an ARP		
Total employer contributions			•	
Less supplemental contributions		Certified by Title		
Employer contributions to ARP provider				
Date of last payroll report with employee contributions to applicable state system		College/University Employer code		
continuum sto applicable state system		Employer code		