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 Benefits Administration. If you wish to become a member of an Ohio state retirement system, simply check the box in Section II below. If you wish 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 make an election and return this form within the prescribed time period, you will be enrolled in the applicable state retirement system.

Section I — Biographical Information (Please print or type.)

Name_____ Social Security no. _____
First Middle initial Last

Address _____ Telephone number _____

_____ Date of birth_____ Gender _____
City State ZIP code

Employee identification number _____ Hire date _____
If applicable

Are you receiving a retirement benefit from one of these Ohio retirement systems: HPERS, OPERS,OP&F, SERS or STRS Ohio? ❑ Yes ❑ No

If "Yes," which system? _____ Effective date of retirement _____

Section II — Election (Choose only one.)

❑ **I elect to participate in the state retirement system for which I am eligible.**
- STRS Ohio*
- OPERS*
- SERS

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 any position at The University of Akron.

*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 The Equitable Life Insurance Co.
❑ Great American Life Insurance Co.
❑ ING Life Insurance and Annuity Co.
❑ Lincoln National Life Insurance Co.
❑ Nationwide Life Insurance Co.
❑ Teachers Insurance and Annuity Assoc.

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 any position at The University of Akron. 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

For ARP Elections Only

Contributions made to the applicable state system during the election period to be forwarded to the ARP provider:

	Amount
Employee contributions	_____
Total employer contributions	_____
Less 3305.06 contribution.....	_____
Employer contributions to ARP provider	_____
Date of last payroll report with employee contributions to applicable state system ...	_____

Applicable state system ❑ STRS Ohio ❑ OPERS ❑ SERS

Annual compensation _____

Date election form received by university/college_____

Certified by _____

Title _____

University/College ___The University of Akron_____

Employer Code _____