UNIVERSITY OF Cincinnati

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 **ORIGINAL** of 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 at Keisha James at 513-556-2446 or benefits@uc.edu with any questions.

CECTION 4 DEDCOMAL INTERPRETARIO			
SECTION 1: PERSONAL INFORMATION			
Employee's Full Name: First	M.I. Last		Social Security Number (required
	2000		Coolar Security Trainings (Federal
Home Mailing Address: Street	City	State	Zip
Date of Hire	Date of Birth	Sex	
JC Employee ID# (required)			
Are you currently receiving a retirement benefit from any S	tate of Ohio retirement sys	stem? Yes No	
f no, continue to Section 2. If yes, which system?	PERS SERS STR	S	
—— Have you previously had the option to elect the Alternative	Retirement Plan in the Sta	ate of Ohio? Yes No	
f 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		ipate in the ARP. (Select one	of the following ARP providers.)
retirement system for which I am eligible*			order to complete the enrollment.
STRS for eligible faculty	☐ AXA/E	=	TIAA-CREF
OPERS for eligible staff	☐ Fidelity		□VALIC
understand that by electing to participate in a state	=	National Life Insurance Co.	☐ VOYA (formerly ING)
understand that by electing to participate in a state etirement system, I am irrevocably waiving my right to	☐ Nationw	vide Life Insurance Co.	
participate in the Alternative Retirement Plan while I am			
continuously employed at the University of Cincinnati.	ARP Account Nu	mber/Plan ID# (last four di	gits only):
*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.			
SECTION 3: AUTHORIZATION			
I understand that by electing to participate in the ARP I am University of Cincinnati. I also understand that by electing tretirement system for the period that an election to partici ARP provider. I hereby certify the election chosen above in Section 2. I unout System if I cease to be employed for at least 365 days or an aretirement election is available.	to participate in the ARP, I pate in the ARP is effective derstand that I will be able	will be forever barred from claim e. I must complete an enrollment to make an election to participat	ning or purchasing service credit under any state t application to activate an account with my select e in another ARP or Ohio public retirement
Signature			Date
The Human Resources Departmen	must receive your compl	eted form by 5pm EST on the last	business day before the 120 th day.
Refer to the ARP Deadline Calendar (http://w			
		RESOURCES USE ONLY	
For ARP Elections Only. Contributions made to the	applicable state system	•	
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			