

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) D	aytime 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.	<ul> <li>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.</li> <li>AXA Equitable</li> <li>Fidelity</li> <li>Lincoln National Life Insurance Co.</li> <li>Nationwide Life Insurance Co.</li> <li>TIAA-CREF</li> <li>VALIC</li> <li>VOYA (ING)</li> <li>Contact information for the ARP providers is available at <a href="http://www.uc.edu/hr/benefits">http://www.uc.edu/hr/benefits</a> under retirement.</li> </ul>
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 ORIGINAL of this form to: UC Human Resources, Benefits Department, PO Box 210039, Cincinnati, Ohio 45221-0039 If you have questions, contact UC HR at (513) 556-6381.