

RETIREMENT PLAN ELECTION FORM

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



You have **120 days** from and including the date of employment to complete and return this election form to the Employee Benefits Office at Kent State University. If you want to become a member of an Ohio state retirement system, check the appropriate box in Section II below. If you want to participate in the 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 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 I — Biographical Information (Please print or type.)

Name _____
First Middle Initial Last

Social Security no. _____

Address _____

Telephone number (____) _____

City State ZIP code

Date of birth _____ Gender _____

Employee identification number _____

Hire date _____

Are you receiving a retirement benefit from one of these Ohio retirement systems: HPRS, 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.

- OPERS*
- STRS Ohio*

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 position at my current college or university.

*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 one option below)

*****You must contact your chosen ARP vendor to create an account and enroll!**

Equitable (AXA)

Voya

AIG (VALIC)

TIAA

"The Ohio General Assembly established a mitigating rate in 1998 to recognize the impact of allowing a portion of eligible university employees required to participate in the State Retirement Systems (OPERS/STRS) to voluntarily select an ARP. **Please note:** The mitigating rate is subject to change."

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 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 I am subsequently employed full time by another Ohio public institution of higher education in a position for which a retirement election is available.

NOTE: ARP election requires you to create an account with your chosen vendor before any funds can be transferred.

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 supplemental contributions..... _____

Employer contributions to ARP provider..... _____

Date of last payroll report with employee contributions to applicable state system..... _____

Applicable state system

OPERS

STRS Ohio

Annual Compensation _____

Date received by college/university _____

First date eligible to participate in an ARP _____

Certified by: _____

Title: Executive Director, Employee Benefits

College/University: KENT STATE UNIVERSITY

Employer code