

Instructions: You have 120 days from the date of your eligible appointment to submit this *Retirement Program Election Form* to the Office of Human Resources.

- If you wish to elect OPERS or STRS, simply check the appropriate box in Section II below.
- If you wish to participate in the Alternative Retirement Plan (ARP), check the appropriate box in Section II below **and** select one of the vendors.
- If you do not make an election during the 120-day enrollment period, you will default to OPERS or STRS, as appropriate.

Contact the Office of Human Resources Customer Service Center at (614) 292-1050, 1-800-678-6010, or [service@hr.osu.edu](mailto:service@hr.osu.edu) with any questions.

## SECTION I: PERSONAL INFORMATION

OSU Employee's Full Name:		First	M.I.	Last
Address:				Date of Birth
City		State	Zip Code	Sex
Social Security #: _____		OSU Employee ID # _____		(Required)
		(Optional)		
E-mail Address		Daytime Phone #		OSU Appointment Date

Are you currently receiving a retirement payment from the State of Ohio retirement systems?  Yes  No  
 If no, continue to Section II. If yes, which system?  HPRS  OP&F  OPERS  SERS  STRS  
 Have you previously had the option to elect the Alternative Retirement Plan in the State of Ohio?  Yes  No  
 If no, continue to Section II. If yes, date of previous eligibility: \_\_\_\_\_ at (name of school): \_\_\_\_\_

## SECTION II: ELECTION OF RETIREMENT PROGRAM (Choose only one)

<input type="checkbox"/> <b>I elect to participate in the state retirement system for which I am eligible<sup>1</sup></b> <ul style="list-style-type: none"> <li>• <b>STRS for eligible faculty</b></li> <li>• <b>OPERS for eligible staff</b></li> </ul> <p>I understand that by electing to participate in a state retirement system, I am <b>irrevocably</b> waiving my right to participate in an Alternative Retirement Plan while I am employed at Ohio State.</p> <p><sup>1</sup> If you choose a state retirement system, you have 180 days from your eligibility date to select a retirement system plan option. Contact STRS or OPERS for details.</p>	<input type="checkbox"/> <b>I elect to participate in the ARP. (Select <i>one</i> of the following ARP vendors. You <b>MUST</b> contact your chosen vendor in order to complete the enrollment process.)</b> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> VALIC</td> <td><input type="checkbox"/> Lincoln National Life Insurance Co.</td> </tr> <tr> <td><input type="checkbox"/> AXA/Equitable</td> <td><input type="checkbox"/> Nationwide Life Insurance Co.</td> </tr> <tr> <td><input type="checkbox"/> Great American Life Insurance Co.</td> <td><input type="checkbox"/> TIAA-CREF</td> </tr> <tr> <td><input type="checkbox"/> ING Financial Services</td> <td></td> </tr> </table> <p>I understand that by electing to participate in the ARP I am <b>irrevocably</b> waiving my right to participate in the eligible state retirement system while I am employed at Ohio State. I also understand that by electing to participate in the ARP, I will be forever barred from claiming or purchasing service credit under any state retirement system for the period that an election to participate in the ARP is effective. I must complete an enrollment application to activate an account with my selected ARP vendor.</p>	<input type="checkbox"/> VALIC	<input type="checkbox"/> Lincoln National Life Insurance Co.	<input type="checkbox"/> AXA/Equitable	<input type="checkbox"/> Nationwide Life Insurance Co.	<input type="checkbox"/> Great American Life Insurance Co.	<input type="checkbox"/> TIAA-CREF	<input type="checkbox"/> ING Financial Services	
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<input type="checkbox"/> ING Financial Services									

## SECTION III: AUTHORIZATION

I hereby certify the election chosen in Section II. I understand that I will not be able to make an election change to participate in another ARP or Ohio public retirement system unless I cease to be employed for at least 365 days or am subsequently employed full-time by another Ohio public institution of higher education in a position for which a retirement election is available.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The Office of Human Resources must receive your completed form by noon of the last business day before the 120th day. Retain a copy of this form for your records.**

**Return the signed original of this form to:**

**Office of Human Resources, Benefits Processing/ARP, Suite 300, 1590 N. High St., Columbus, OH 43201-2190**

### THIS SECTION FOR 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:

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

Applicable state system  Faculty  Staff  
 B  M

Annual compensation \_\_\_\_\_

Date election form received by Ohio State \_\_\_\_\_

Certified by \_\_\_\_\_

Title \_\_\_\_\_

Employer Code \_\_\_\_\_