

# Retirement Program Election Form OPERS/STRS Reemployed Retirees

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

- If you wish to remain a member of the Ohio Public Employees Retirement System (OPERS) or State Teachers Retirement System of Ohio (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.  
**Note:** Your election to contribute to the ARP does not affect the monthly retirement benefit you are receiving from OPERS or STRS as a result of your prior retirement.
- If you do not elect to participate in the ARP or return this form within 120 days of your reemployment, you will continue contributing to the appropriate OPERS or STRS Reemployed Account.

Contact the Office of Human Resources Customer Service Center at 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 #: _____ <small>(Optional)</small>		OSU 8-Digit Employee ID # _____		_____ <small>(Required)</small>	
E-mail Address		Daytime Phone #		ARP Eligibility Date	

Are you currently receiving a retirement check 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

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

<input type="checkbox"/> <b>I elect to continue contributing to the applicable OPERS or STRS Reemployed Account.</b>  I understand that by electing to continue contributing to the OPERS or STRS Reemployed Account, I am <b>irrevocably</b> waiving my right to participate in an Alternative Retirement Plan while I am employed at Ohio State.	<input type="checkbox"/> <b>I elect to participate in the ARP. (Select <i>one</i> of the following ARP vendors. You MUST contact your chosen vendor in order to complete the enrollment process.)</b> <input type="checkbox"/> AIG Retirement <span style="margin-left: 150px;"><input type="checkbox"/> Lincoln National Life Insurance Co.</span> <input type="checkbox"/> AXA/Equitable <span style="margin-left: 150px;"><input type="checkbox"/> Nationwide Life Insurance Co.</span> <input type="checkbox"/> Great American Life Insurance Co. <span style="margin-left: 100px;"><input type="checkbox"/> TIAA-CREF</span> <input type="checkbox"/> ING Financial Services  I understand that by electing to participate in the ARP I am <b>irrevocably</b> waiving my right to participate in the OPERS or STRS Reemployed Account 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.
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## SECTION III: AUTHORIZATION

I hereby certify the election chosen 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 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: \_\_\_\_\_

**Retain a copy of this form for your records.**  
 Return the signed original of this form **within 120 days of your reemployment** to:  
 Office of Human Resources, Benefits Processing/ARP, 1590 N. High St., Suite 300, Columbus, OH 43201-2190

### THIS SECTION FOR OFFICE OF HUMAN RESOURCES USE ONLY

<b>For ARP Elections Only</b> 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 <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <span style="margin-left: 150px;"><input type="checkbox"/> B <input type="checkbox"/> M</span> Annual compensation _____ Date election form received by Ohio State _____ Certified by _____ Title _____ Employer Code _____
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