Office of HUMAN RESOURCES THE OHIO STATE UNIVERSITY

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)[1], check the appropriate box in Section II below **and** select one of the providers. **Note:** Your election to contribute to the ARP[1] 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[1] 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 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 # (Required) OSU Employee ID # (Required)

E-mail Address Daytime Phone # ARP[1] 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)

☐ **I elect to continue contributing to the applicable OPERS or STRS Reemployed Account.**

I understand that by electing to continue contributing to the OPERS or STRS Reemployed Account, I am **irrevocably** waiving my right to participate in an Alternative Retirement Plan[1] while I am employed at Ohio State.

☐ **I elect to participate in the ARP.[1] (Select *one* of the following ARP[1] providers. You MUST contact your chosen provider in order to complete the enrollment process.)**

- ☐ AXA/Equitable
- ☐ Fidelity Investments
- ☐ Great American Life Insurance Co.
- ☐ ING Financial Services
- ☐ Lincoln National Life Insurance Co.
- ☐ Nationwide Life Insurance Co.
- ☐ TIAA-CREF
- ☐ VALIC

I understand that by electing to participate in the ARP[1] I am **irrevocably** 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,[1] 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[1] is effective. I must complete an enrollment application to activate an account with my selected ARP[1] provider.

[1]The ARP option is available only to those reemployed retirees who have at least a 75% FTE and were not previously offered the option to elect the ARP.

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[1] 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

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_____

UMC 11038