

**Instructions:** You have 120 days from, and including, the effective 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 2 below.
- If you wish to participate in the Alternative Retirement Plan (ARP), check the appropriate box in Section 2 below and select one of the providers.
- If you do not make an election during the 120-day election period, you will default to OPERS or STRS, as appropriate.

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

## SECTION 1: PERSONAL INFORMATION

Employee's Full Name: First	M.I.	Last	OSU Employee ID# (required)
Home Mailing Address: Street	City	State	Zip
Social Security Number (required)	Date of Birth	Sex	
Daytime Phone Number	Email Address	Ohio State Appointment Date	

Are you currently receiving a retirement benefit from any State of Ohio retirement system?  Yes  No  
If no, continue to Section 2.

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 2.

If yes, date of previous eligibility: \_\_\_\_\_  
at (name of school): \_\_\_\_\_

## SECTION 2: ELECTION OF RETIREMENT PROGRAM (choose only one)

**I elect to participate in the state retirement system for which I am eligible<sup>1</sup>**

- **STRS for eligible faculty**
- **OPERS for eligible staff**

I understand that by electing to participate in a state retirement system, I am waiving my right to participate in the Alternative Retirement Plan while I am continuously employed at Ohio State (per sections 3305.05 and 145.19 of the Ohio Revised Code).

<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.

**I elect to participate in the ARP.**

I understand the mitigating rate applied to the employer contribution is subject to increase or decrease based on applicable law and retirement system mandates. Select one of the following ARP providers.

- |  |  |
|--|--|
| <input type="checkbox"/> AXA/Equitable                               | <input type="checkbox"/> Nationwide Life Insurance Co. |
| <input type="checkbox"/> Fidelity Investments                        | <input type="checkbox"/> TIAA                          |
| <input type="checkbox"/> The Hartford Financial Services Group, Inc. | <input type="checkbox"/> VALIC                         |
| <input type="checkbox"/> Lincoln National Life Insurance Co.         | <input type="checkbox"/> Voya Financial Services       |

**You MUST contact your chosen provider in order to complete the enrollment process.**

**ARP Account Number/Plan ID# (last four digits/characters only)** \_\_\_\_\_

## SECTION 3: AUTHORIZATION

I understand that by electing to participate in the ARP I am irrevocably 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 provider. I hereby certify the election chosen above in Section 2. 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

It is your responsibility to ensure the completed form is received by the Office of Human Resources by the close of business on the 120th day. If the 120th day falls on a Saturday, Sunday or university-observed holiday, you must submit the form by the close of business on the next day that is not a Saturday, Sunday or university-observed holiday. A confirmation e-mail will be sent when the form has been received.

**Retain a copy of this form for your records. Mail OR fax the signed original of this form to:**  
Office of Human Resources, Suite 300, 1590 N. High St., Columbus, OH 43201-2190 | Fax: (614)292-7813

### FOR OFFICE OF HUMAN RESOURCES USE ONLY

Applicable state system:  Faculty  Staff  
 Biweekly  Monthly

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

Title: \_\_\_\_\_

Employee Contributions: \_\_\_\_\_

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

Date of last payroll report to applicable state system: \_\_\_\_\_