



Instructions: You have 120 days from the start date of your full-time employment to submit your completed alternative retirement plan (ARP) election form with signed provider authorization to HR Total Rewards. If you wish to participate in the Alternative Retirement Plan (ARP): YOU MUST first contact and enroll with one of the providers listed below to open your 401(a) account. Please make sure you check the appropriate boxes in section 2 and physically sign the form, electronic signatures cannot be accepted. For more information review our website at https://www.utoledo.edu/depts/hr/total-rewards/retirement/, for questions contact HR Total Rewards at 419.530.4747, option 3 or email benefits@utoledo.edu.

If this is not received within 120 days, you will remain in OPERS or STRS, as eligible.

SECTION 1: PERSONAL INFORMATION (as required by state systems)

Employee's Full Name: First M.I. Last Rocket # required)
Home Mailing Address: Street City State Zip
Social Security Number Date of Birth
Daytime Phone Number Email Address Date of Hire
Are you currently receiving a retirement benefit from any State of Ohio retirement system?
If yes, which system?
Have you previously had the option to elect the Alternative Retirement Plan in the State of Ohio?
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
• STRS
• OPERS
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 the ARP.
Select one of the following ARP providers.
• TIAA • VOYA
• Fidelity • AIG/VALIC
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 3: AUTHORIZATION

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 continuously employed 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 will only accept fully completed hard copies or pdf files of this document. Mail, email or fax the signed original of this form to: Center for Administrative Support, Mail Stop 205, 2801 W. Bancroft Street, Toledo, OH 43606-3390
Email: benefits@utoledo.edu | Fax: 419.530.1492. Any other submission types will not be processed and will be sent back to the employee for correction. You will receive a confirmation email within 5 business days that your enrollment has been completed.

Retain a copy of this form for your records. FOR OFFICE OF HUMAN RESOURCES USE ONLY

Employee Contributions: Applicable state system: OPERS STRS
Employer Contributions: Certified by:
Date election Form Received by University: Title:
Eligibility Date:
STRS ARP CODES: 100, 130, 140 (10) Employer Code: 164708 (HSC-Staff) 164808 (MC-Staff) 9418 (Faculty)
OPERS ARP CODES: 120, 121, 141 (10)