

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. For more information about Ohio State retirement options, visit hr.osu.edu/benefits/retirement.

- If you wish to elect OPERS or STRS, 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.

See submission instructions at the end of this page. Contact HR Connection at HRConnection@osu.edu or **614-247-myHR (6947)** with questions.

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

Employee's Full Name:	First	M.I.	Last	OSU Employee ID# (required)
Home Mailing Address:	Street		City	State Zip
Social Security Number		Date of Birth		Gender
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 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 yes, date of previous eligibility: _____
 at (name of school): _____

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

<input type="checkbox"/> I elect to participate in the state retirement system for which I am eligible¹ <ul style="list-style-type: none"> • STRS for eligible faculty • OPERS for eligible staff <p>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).</p> <p>¹If 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"/> I elect to participate in the ARP with one of the following providers. <table style="width:100%;"> <tr> <td><input type="checkbox"/> Corebridge Financial</td> <td><input type="checkbox"/> TIAA</td> </tr> <tr> <td><input type="checkbox"/> Fidelity Investments</td> <td><input type="checkbox"/> Voya</td> </tr> </table> <p>I understand I will not receive the mitigating rate applied to the employer contribution and that it is subject to increase or decrease based on applicable law and retirement system mandates.</p> <p>If you elect to participate in the ARP, but you do not choose an ARP provider, a default provider (Fidelity) and default investment will be selected for you. You will have the opportunity to change your provider and/or default investment(s) at any time.</p>	<input type="checkbox"/> Corebridge Financial	<input type="checkbox"/> TIAA	<input type="checkbox"/> Fidelity Investments	<input type="checkbox"/> Voya
<input type="checkbox"/> Corebridge Financial	<input type="checkbox"/> TIAA				
<input type="checkbox"/> Fidelity Investments	<input type="checkbox"/> Voya				

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 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 (electronic signatures not accepted by state system)	Date
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It is your responsibility to complete, sign, date and return this form to the Office of Human Resources by the 120th day to elect the Alternative Retirement Plan. If you sign, date and complete this form by the 120th day, but that day falls on a Saturday, Sunday or university-observed holiday, you may submit your form to the Office of Human Resources by the next day that is not a Saturday, Sunday or university-observed holiday. If submitting via hrconnection.osu.edu (recommended), a confirmation email will be sent when the form has been received.

Retain a copy of this form for your records. Submission options for the signed original of this form:

Upload to the secure hrconnection.osu.edu portal by selecting "Submit a Form" (recommended); or **mail** to Office of Human Resources, 1590 N. High St., Suite 300, Columbus, OH 43201-2190; or **fax** to (614)292-7813; or **email** to hrconnection@osu.edu with **subject line "RPE form"**

FOR OFFICE OF HUMAN RESOURCES USE ONLY	
Applicable state system: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	Certified by: _____ Title: _____
Employee Contributions: _____	
Date of last payroll report to applicable state system: _____	Employer Code: _____