

# RETIREMENT PLAN ELECTION FORM

(For employees hired/eligible on or after Aug. 1, 2005)

You have 120 days from, and including, the effective date of your eligible appointment to submit this Retirement Program Election Form to HR. For more information about retirement, visit [wright.edu/hr](http://wright.edu/hr).

- If you wish to elect OPERS or STRS, check the appropriate box in Section 2 below.
- If you want to participate in the Alternative Retirement Plan (ARP), check the appropriate box in Section 2 below and select one of the vendors.
- If you do not make an election during the 120-day election period, you will default to OPERS or STRS, as appropriate.

Submit to HR in person/mail (University Hall, Suite 203), fax (937) 775-3040, or [secure file share](#) to [terri.weckler@wright.edu](mailto:terri.weckler@wright.edu).

## Section 1 — Biographical Information (Please print or type.)

Name \_\_\_\_\_ Social Security number \_\_\_\_\_  
First Middle initial Last

Address \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
City State ZIP code

Employee identification number U Hire date \_\_\_\_\_  
If applicable

Are you receiving a retirement benefit from one of these Ohio retirement systems: HPRS, OPERS, OP&F, SERS or STRS Ohio? Yes No

If "Yes," which system? \_\_\_\_\_ Effective date of retirement \_\_\_\_\_

## Section 2 — Election (Choose only one.)

### I elect to participate in the state retirement system for which I am eligible.

- OPERS for eligible staff
- STRS Ohio for eligible faculty

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 Wright State (per sections 3305.05 and 145.19 of the Ohio Revised Code). 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 and have opened an ARP: (Select only one of the following ARP vendor. You must contact your chosen vendor to open an account.)

**Corebridge Fidelity TIAA Voya**

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. You will have the opportunity to change your vendor at any time.

## 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.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

### 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:

Amount

Employee contributions..... \_\_\_\_\_

Total employer contributions..... \_\_\_\_\_

Less supplemental contributions..... —

Employer contributions to ARP provider ..... \_\_\_\_\_

Date of last payroll report with employee contributions to applicable state system..... \_\_\_\_\_

Applicable state system ☐ OPERS ☐ STRS

Annual compensation \_\_\_\_\_

Date election form received by college/university \_\_\_\_\_

First date eligible to participate in an ARP \_\_\_\_\_

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

Title HR Associate

College/University Wright State University

Employer code OPERS-1637 STRS-9425