WAIVER OF RETIREMENT PLAN PARTICIPATION FOR ADJUNCT FACULTY

Adjunct Faculty covered by the May 26, 2005 agreement between the University of Connecticut and the American Association of University Professors (AAUP) must participate in the Alternate Retirement Program unless they irrevocably waive retirement plan membership for this and any subsequent part-time employment with the University of Connecticut or with the Board of Governors of Higher Education or any other of its constituent units on or before the first day of employment. If you are covered by this agreement and wish to irrevocably waive your right to join a pension plan, please complete this form.

Please note: Retired members of the State Employees Retirement System (SERS), the Alternate Retirement Program, and the Teachers Retirement System are subject to limitations and must complete form CO-931h, “Designation of Retirement System-Tier-Plan-Beneficiary.” The following waiver does not apply to retired members.

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<th>Name</th>
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Employee Statement

I hereby irrevocably waive my right to membership in a retirement plan for this and any subsequent part-time employment with this agency or the Board of Governors of Higher Education or any of its constituent units within the State of Connecticut.

Signature ______________ Date ______________

Please send this form with your original signature to:
University of Connecticut
Department of Human Resources – Benefits, U5075
9 Walters Avenue
Storrs, Connecticut 06269-5075

TO BE COMPLETED BY HUMAN RESOURCES

Authorized Agency Signature ______________ Date ______________ Telephone Number ______________

Original: Mail to Office of State Comptroller
Copies: Employee
Human Resources File