

**DESIGNATION OF RETIREMENT SYSTEM-TIER-PLAN-BENEFICIARY
For Higher Education Employment Only**

CO-931h Rev. 5/2016

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STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

General Instructions: This form is to be completed for all employees hired in an institution of higher education or the board of higher education central office only.

This form must be completed by the employing agency in conjunction with the employee, each page must be initialed by both the employee and an authorized agency staff member, signed by both the employee and agency staff in Section V and returned to the Retirement Services Division as soon as possible following the individual's employment date or effective date of any change.

CHECK TYPES OF ACTIONS BEING SUBMITTED ON THIS FORM - THEN CONSULT APPLICABLE INSTRUCTIONS

NEW EMPLOYEE RE-EMPLOYED MULTIPLE EMPLOYMENT AGENCY TRANSFER EMPLOYEE NAME AND/OR ADDRESS CHANGE CHANGE IN BENEFICIARY(IES) NAME AND/OR ADDRESS CHANGE IN RETIREMENT SYSTEM INFORMATION ONLY

I. EMPLOYEE PERSONAL INFORMATION

| | | | | | | | |
|--------------------------|-----------------------|------|------------------|----------------------------|-------------------|---------------------------------------|---------------------------------|
| EMPLOYEE NAME (1) (Last) | EMPLOYEE NAME (First) | M.I. | EMPLOYEE NO. (2) | SOCIAL SECURITY NUMBER (3) | DATE OF BIRTH (4) | SEX (5) MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> |
|--------------------------|-----------------------|------|------------------|----------------------------|-------------------|---------------------------------------|---------------------------------|

EMPLOYEE'S HOME ADDRESS (Street No., Name) (City, State, Zip Code) (6)

| | | |
|---|----------------------|--------------------|
| MARITAL STATUS (7) MARRIED <input type="checkbox"/> | DATE OF MARRIAGE (8) | NAME OF SPOUSE (9) |
| SINGLE <input type="checkbox"/> | | |

DO YOU HAVE A PENSION DIVISION ORDER ("QDRO") AS A RESULT OF DIVORCE/LEGAL SEPARATION? (10) YES NO

IF YES, HAS THE ORDER BEEN SUBMITTED TO AND ACCEPTED BY THE RETIREMENT SERVICES DIVISION? (11) YES NO

II. EMPLOYMENT INFORMATION

| | | |
|-----------------------|----------------------|---------------------|
| EMPLOYING AGENCY (12) | CORE-CT DEPT ID (13) | AGENCY ADDRESS (14) |
|-----------------------|----------------------|---------------------|

| | | | | |
|------------------------------------|---------------|----------------------|---|--|
| EMPLOYMENT DATE/EFFECTIVE DATE(15) | BARG UNIT(16) | CORE-CT JOB CODE(17) | EMPLOYMENT STATUS (18) Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> | TYPE STATUS (19) Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Durational <input type="checkbox"/> Intermittent <input type="checkbox"/> |
|------------------------------------|---------------|----------------------|---|--|

IS EMPLOYEE CURRENTLY EMPLOYED WITH ANOTHER STATE AGENCY? (20) YES NO If YES, provide Agency Name

HAS EMPLOYEE WORKED FOR THE STATE BEFORE? (21) YES NO If YES, provide Agency Name and termination date

III. RETIREMENT INFORMATION

A. New Employees Only (No Prior State Employment):

State Statutes require that each State of Connecticut employee be covered by a retirement system except as otherwise provided below; this is a mandatory requirement.

Classified employees - Classified employees in higher education automatically become members of SERS.

Full-Time State Teacher/Full-time or Part-time Professional Staff Member (unclassified) - If you are a full-time employee in a position statutorily defined as a state teacher or a full-time or part-time professional staff member (unclassified) in higher education you must make an irrevocable election of membership in State Employees Retirement System (SERS) Tier III, the Alternate Retirement Program (ARP), the SERS Hybrid Plan or, if eligible, the Teachers Retirement System (TRS). If you do not make an election by your first day of employment you will automatically become a member of SERS Tier III.

Adjunct Faculty Members - If you are a part-time, adjunct faculty member in higher education, you must make a one-time irrevocable election of membership. Your options and plan default are determined based on your place of employment. All elections must be made by your first day of employment or you will automatically default into participation in the retirement plan specified below.

University of Connecticut - You may elect membership in SERS Tier III, ARP, the SERS Hybrid Plan or if eligible, TRS. You may also elect not to participate in a retirement plan. If you do not make an election, you will automatically become a member of ARP.

Connecticut State Universities, Connecticut Community Colleges and Charter Oak College - You may elect membership in SERS Tier III, ARP, the SERS Hybrid Plan or if eligible, TRS. You may also elect not to participate in a retirement plan. If you do not make an election, you will automatically become a member of SERS Tier III.

Your election is irrevocable; no change to an employee's retirement plan membership is permitted after initial election. However, if you elect ARP, the SERS Hybrid Plan or TRS membership and are subsequently employed in a position not eligible for ARP, the SERS Hybrid Plan or TRS participation, you must be enrolled in SERS Tier III. If you previously waived membership in any retirement plan as a part-time, adjunct faculty member at UCONN or CSU and later become employed in a full-time position you must make an irrevocable election to join SERS Tier III or, if eligible, ARP, the SERS Hybrid Plan or TRS.

Employee's Initials _____

Agency Staff's Initials _____

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A summary of the retirement systems provided by the State of Connecticut follows. **You are urged to review specific information regarding each of these systems available as noted below. Remember your retirement plan election is irrevocable unless you elect ARP, the SERS Hybrid Plan or TRS and are subsequently employed in a position not eligible for participation in these plans; under such circumstance you will automatically begin participating in SERS Tier III.**

State Employees Retirement System (SERS), Tier III

This is a governmental defined benefit plan intended to be qualified under section 401(a) of the Internal Revenue Code. The employee contribution to this plan is 2% of your salary and contributions are "picked up" by the employer and made on a pre-tax basis. Should you meet the requirements for receipt of a retirement benefit under this plan, the benefit you receive will be calculated based on a formula which uses the number of years you participated in the plan and the average of your five highest years' salary. Under the Tier III plan, retirement credit may be granted for some prior employment service, including military service and municipal employment. Restrictions apply. See the SERS Tier III Summary Plan Description available on the Office of the State Comptroller's website <http://www.osc.ct.gov> for more details.

State Employees Retirement System (SERS) Hybrid Plan

This is a governmental defined benefit plan with a "cash out" option intended to be qualified under section 401(a) of the Internal Revenue Code. The employee contribution to this plan is 5% of your salary and contributions are "picked up" by the employer and made on a pre-tax basis. At the time of retirement you must choose between receipt of a defined benefit calculation based on a formula which uses the number of years you participated in the plan and the average of your five highest years' salary **OR** a lump sum withdrawal of the employee contributions to the plan plus 5% employer match and four percent (4%) interest. See the SERS Hybrid Plan Summary Plan Description available on the Office of the State Comptroller's website <http://www.osc.ct.gov> for more details.

State Teachers' Retirement System (TRS)

This is a governmental defined benefit plan intended to be qualified under section 401(a) of the Internal Revenue Code. If your employment as a part-time employee is concurrent with employment as a public school teacher, you may elect to have your earnings treated as earnings subject to the Teachers' Retirement System. The employee contribution is 7.25% of your salary and is "picked up" by the employer and made on a pre-tax basis. Earnings during summer employment do not apply. See plan summary for more details. TRS plan summary information is available on the Teachers Retirement Board's website at <http://www.ct.gov/trb/site/default.asp>.

Alternate Retirement Program (ARP)

This is a governmental defined contribution plan intended to be qualified under section 401(a) of the Internal Revenue Code. An ARP member's benefit is based upon their pre-tax contributions to the plan, the State's contribution to the plan and investment earnings, if any. The employee contribution to the plan is 5% of your salary on a pre-tax basis and the State contributes an amount equal to 8% of your salary. Plan contributions are invested at the direction of the member in investment funds available under the plan. Prudential is the State's administrator for ARP. Information on ARP is available on the internet at www.CTdcpc.com.

The State of Connecticut Plan Comparison chart provides a side by side comparison of key features of the four retirement plans. The chart is available on the Office of the State Comptroller's website at : <http://www.osc.ct.gov/rbsd/highered/RetPlnCmpChrtHEd.pdf>.

B. Employees with Prior State Service (Rehires):

Rehired employees with prior state service must rejoin the retirement plan (SERS Tier I, II, IIA or III, TRS, ARP or the SERS Hybrid Plan) in which they previously participated unless:

- The employee has experienced a permanent break in service.
- The employee is hired in a position not eligible for participation in their prior retirement plan.
- The employee is hired in a position which affords them the opportunity to elect participation in a retirement plan not previously available to them.

Employees with prior state service as **part-time** faculty during which they were eligible to and elected to waive membership in a retirement plan are ineligible for retirement plan membership during any subsequent **part-time** faculty employment.

Employees with prior state service as **part-time** faculty during which they were eligible to and elected to waive membership in a retirement plan who are subsequently rehired in full-time positions will be treated as new employees and offered the retirement plan election options appropriate to a new hire in their present position.

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C. Employees with Multiple Employment:

Employees who work for more than one state agency and currently participate in SERS Tiers I, II, IIA or III, ARP, TRS or the SERS Hybrid Plan are not entitled to change retirement plan participation as a result of accepting supplemental employment and must remain in the retirement plan to which they are assigned immediately prior to commencing any multiple employment.

Employees with full-time positions during which they are members of the TRS must be coded as ineligible for retirement system membership if they are dually employed in a part-time position not includable in TRS.

Employees with full-time positions during which they are members of the ARP must be coded as ineligible for retirement system membership if they are dually employed in a part-time position not eligible for ARP membership.

State Judges who accept part-time positions with a state college or university are not eligible to participate in a retirement plan as a result of this secondary, part-time employment.

D. Agency Transfer:

Employees who transfer from a non-higher education agency to a state college or university unclassified position for the first time are eligible to change their retirement plan membership from SERS Tiers I, II, IIA or III to the ARP, the SERS Hybrid Plan or, if eligible, TRS. However, such change must take effect with the date of their transfer. There is no 60 day window period associated with a transfer of retirement plan membership based upon a change in an employee's work location.

Employees who are members of ARP and transfer from a state college or university to a non-higher education agency must be enrolled in SERS as of the date of their transfer.

E. Change in Retirement System Information Only:

Employees who transfer from a classified position in a state college or university to an unclassified position within the same state college or university for the first time are eligible to change their retirement plan membership from SERS Tiers I, II, IIA or III to ARP, the SERS Hybrid Plan or, if eligible, TRS. However, such change must take effect with the date of their transfer. There is no 60 day window period associated with a transfer of retirement plan membership based upon a change in an employee's position.

Employees who are members of ARP and transfer from an unclassified position in a state college or university to a classified position within the same state college or university must be enrolled in SERS as of the date of the change in their enrollment.

RETIREMENT SYSTEM (22)

STATE EMPLOYEES RETIREMENT SYSTEM, Tier III
 ALTERNATIVE RETIREMENT PLAN, Tier IIA
 STATE EMPLOYEES RETIREMENT SYSTEM HYBRID PLAN, Tier II
 TEACHERS RETIREMENT SYSTEM, Tier I
 WAIVER (part-time adjuncts only) INELIGIBLE
 Are you a retired member of the Teachers' Retirement System? YES NO
 If so, Date of Retirement: _____
 Hazardous Duty? YES NO

IV. BENEFICIARY INFORMATION If there are more than (4) beneficiaries designated, check the following box and attach an additional CO-931 form listing additional beneficiaries.

If applicable, the provisions of a "QDRO", filed and accepted by the Retirement Services Division, will be applied prior to any distribution to the beneficiaries listed below.

| | | | | | | | | |
|---|--|--|-----------------------------|---|--|--|-------------------------------------|-----------------------------|
| NAME OF BENEFICIARY (23) Last Name First Name M.I. | | | SOCIAL SECURITY NUMBER (24) | NAME OF BENEFICIARY (30) Last Name First Name M.I. | | | CONTINGENT <input type="checkbox"/> | SOCIAL SECURITY NUMBER (31) |
| ADDRESS (Street No., Name) (25) (City, State, Zip Code) (27) | | | RELATIONSHIP (26) | ADDRESS (Street No., Name) (32) (City, State, Zip Code) (34) | | | PERCENT (35) | RELATIONSHIP (33) |
| PERCENT (28) | | | DATE OF BIRTH (29) | PERCENT (35) | | | DATE OF BIRTH (36) | |
| NAME OF BENEFICIARY (37) Last Name First Name M.I. | | | SOCIAL SECURITY NUMBER (38) | NAME OF BENEFICIARY (44) Last Name First Name M.I. | | | CONTINGENT <input type="checkbox"/> | SOCIAL SECURITY NUMBER (45) |
| ADDRESS (Street No., Name) (39) (City, State, Zip Code) (41) | | | RELATIONSHIP (40) | ADDRESS (Street No., Name) (46) (City, State, Zip Code) (48) | | | PERCENT (49) | RELATIONSHIP (47) |
| PERCENT (42) | | | DATE OF BIRTH (43) | PERCENT (49) | | | DATE OF BIRTH (50) | |

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V. MEMBER'S STATEMENT

I have read the information provided on this form and understand that I can find a description of my benefits, rights and responsibilities under the SERS, ARP and TRS retirement systems in their respective Summary Plan Descriptions and other plan information located on the websites noted in Section III of this form. I acknowledge that prior to signing this form, I had opportunity to review these descriptions, ask questions and obtain additional information with regard to the provisions of the retirement systems available to me as a State employee in higher education prior to making my retirement plan choice. I understand the provisions of the retirement system I have irrevocably elected above and that I will be required to make contributions based upon my retirement plan designation.

I further understand that this is a one-time Election and that **my choice of retirement is irrevocable**; that is I must remain in the retirement plan I have chosen in Section III throughout my entire employment with the State of Connecticut until and unless retirement plan provisions as outlined in Section III require such a change.

I understand that if it is subsequently determined that I was not eligible to participate in the plan I have selected, or was ineligible to make any election at the time my election was made, my election will be considered invalid and will be reversed.

If I am eligible to and have elected to waive membership in a retirement plan, I understand that this constitutes **an irrevocable waiver of my rights to participate in any retirement system** for any and all of my service as a part-time, adjunct faculty member. I understand that this means I will not have any right to retirement benefits from the State for any and all employment with the State as a part-time, adjunct faculty member.

Further, I hereby revoke all previous appointments of beneficiaries made by me, if any, and designate the person(s) named in Section IV of this form as beneficiary(ies) such person(s) to receive upon my death any lump sum benefits due me from the Retirement System of which I am a member. This designation shall remain in effect unless I subsequently change it by written notice to the Retirement Services Division.

I understand that if applicable, the provisions of a "QDRO", filed and accepted by the Retirement Services Division, will be applied prior to any distribution to my beneficiaries.

| | | |
|--|------------|-----------|
| EMPLOYEE'S SIGNATURE (51) | DATE (52) | |
| AUTHORIZED AGENCY SIGNATURE (& TITLE) (53) | PHONE (54) | DATE (55) |

Forward completed form to: Retirement Services Division, Data Base Unit, 55 Elm Street, Hartford, CT 06106. Agency should retain one copy and provide one copy to employee.



STATE OF CONNECTICUT
RETIREMENT SERVICES DIVISION
OFFICE OF THE STATE COMPTROLLER

| |
|---|
| For TIER III Plan Members - check here <input type="checkbox"/> |
| For Hybrid Plan Members - check here <input type="checkbox"/> |

**RETIREMENT CREDIT PURCHASE REQUEST FOR
PRIOR MISCELLANEOUS SERVICES FORM**

CO-991 - Revised 8/2015

- PRIOR MILITARY SERVICE
- PRIOR EMPLOYMENT WITH OTHER STATES
- PRIOR CONNECTICUT MUNICIPAL EMPLOYEES RETIREMENT SERVICE

PLEASE TYPE OR PRINT

Any alterations to this form will NOT be accepted

DESCRIPTION OF PURCHASABLE PRIOR SERVICE AND INSTRUCTIONS for State Employees Retirement System (SERS) members:
Within certain limitations, retirement credit may be obtained for the categories listed below:

WAR SERVICE/NATIONAL EMERGENCY MILITARY SERVICE

Members of SERS are eligible to purchase retirement credit for active duty in the Armed Forces rendered during a period of wartime or national emergency followed by a release under honorable conditions for the time periods categorized by applicable law. **REQUIRED DOCUMENTS:** A copy of discharge papers (DD-214) which clearly show dates of active duty rendered to the Armed Forces with the condition of release (character of service). In some situations, a photocopy of the military retirement credit point history record will be required. (Form 22 is not a sufficient document for retirement review purposes.) Retirement credit shall not exceed ten years in total, nor be awarded if a pension will be or is being received from another source other than the Federal Government for the same period(s). **Cost to member:** 4% x annual full-time rate of compensation upon hire. (Plus, any payroll installment interest - if elected).

EMPLOYMENT WITH OTHER STATE(S)

Active full-time state employment with other state or states which offer similar credit provisions to former employees of the State of Connecticut. **REQUIRED DOCUMENTS:** (a) Official statement indicating employment with other state(s) was full-time; (b) actual dates of service; (c) verification of ineligibility for retirement benefits. **NOTE:** At the time of retirement, you can only be credited with one year of employment with other state(s) for each two years of Connecticut state service. Retirement credit for service to another state shall not exceed ten years in total. **Cost to member:** 6% x annual full-time rate of compensation upon hire plus 5% interest per annum from service date to purchase date.

CONNECTICUT MUNICIPAL EMPLOYMENT

Any prior period of municipal service while a member of the Connecticut Municipal Employees Retirement System (CMERS). **REQUIRED DOCUMENTS:** Name of municipality and actual dates of service. **NOTE:** You may only apply for municipal service credit for periods during which you were a member of the CMERS. Service is not creditable until you have at least ten years of vesting service. **Cost to member:** Contributions made to CMERS plus 5% interest per annum from service date to purchase date.

Be advised that this request for a calculation is non-binding. To receive a cost calculation, fill out this form and return to:
Retirement Services Division, Attn: Retirement Purchase Unit, 55 Elm Street, Hartford, CT 06106-1775.

| MEMBER IDENTIFICATION | | | | |
|--|--------------------|------------|--|--|
| EMPLOYEE NUMBER | MEMBER NAME (Last) | First Name | M.I. | MEMBER SOC. SEC. NUMBER (Last 4 digits only) |
| CURRENT AGENCY/INSTITUTION | | | BARGAINING UNIT | MEMBER HIRE DATE |
| MEMBER MAILING ADDRESS (street number, street name, city, state, zip code) | | | MEMBER TELEPHONE NUMBER (where you can be reached between 8 a.m. & 4 p.m.) | |

| MEMBER REQUEST | |
|----------------|--|
|----------------|--|

For a Cost Calculation to Purchase Retirement Credit for service listed below, please furnish type of service and dates.

| TYPE OF SERVICE | DATES | |
|-----------------|-------|----|
| | FROM | TO |
| | | |
| | | |
| | | |
| | | |

| MEMBER STATEMENT and ACKNOWLEDGEMENT | |
|--------------------------------------|--|
|--------------------------------------|--|

I certify that I have not received and am not entitled to receive any retirement allowance/pension from another source other than the Federal Government for the same years of service I am requesting. I further promise to diligently notify the Retirement Services Division if I become entitled to such a benefit in the future.

Military Service Acknowledgement: I understand that military service must be applied for within one year of commencement of state service.

I have read the information contained on this form and to the best of my knowledge, do not have any qualifying service as described above for which I may receive retirement credit in either Tier III, the Hybrid Plan, or have determined to make future application for municipal service or out of state service.

| | |
|------------------|------|
| MEMBER SIGNATURE | DATE |
|------------------|------|

| AGENCY PART | |
|-------------|--|
|-------------|--|

All required supporting documents must be attached; otherwise, this form is invalid and it will not be processed.

| | | | |
|--------------------------------------|---------------|------------------|------|
| AGENCY CONTACT PERSON (PLEASE PRINT) | BUSINESS UNIT | TELEPHONE NUMBER | DATE |
|--------------------------------------|---------------|------------------|------|