

DESIGNATION OF RETIREMENT PLAN ELECTION
Higher Education Employment Only

CO-931h Rev. 9/2017

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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, signed by both the employee and agency staff in Section IV 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

NEW EMPLOYEE **RE-EMPLOYED** **MULTIPLE EMPLOYMENT** **AGENCY TRANSFER** **TRANSFER TO OR FROM HAZARDOUS DUTY** **CHANGE IN RETIREMENT ELIGIBILITY STATUS**

I. EMPLOYEE PERSONAL INFORMATION

| | | | | | | | |
|-----------|------------|------|--------------|------------------------|---------------|--------------------------------------|---------------------------------|
| LAST NAME | FIRST NAME | M.I. | EMPLOYEE NO. | SOCIAL SECURITY NUMBER | DATE OF BIRTH | GENDER MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> |
|-----------|------------|------|--------------|------------------------|---------------|--------------------------------------|---------------------------------|

ADDRESS (Street No., Name) (City, State, Zip Code)

| | | | |
|----------------|----------------------------------|------------------|----------------|
| MARITAL STATUS | MARRIED <input type="checkbox"/> | DATE OF MARRIAGE | NAME OF SPOUSE |
| | SINGLE <input type="checkbox"/> | | |

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

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

II. EMPLOYMENT INFORMATION

| | | |
|------------------|---------------|----------------|
| EMPLOYING AGENCY | RECORD NUMBER | AGENCY ADDRESS |
|------------------|---------------|----------------|

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

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

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

III. RETIREMENT INFORMATION

As a condition of employment with the State of Connecticut, all faculty and staff members must participate in a retirement plan with the exception of part-time Adjunct Faculty members. Part-time Adjunct Faculty members may elect to waive retirement plan membership.

Classified employees in higher education automatically become members of the State Employees Retirement System (SERS).

Unclassified employees must make a **one-time irrevocable election** of retirement plan membership. **Serious consideration must be given to the election of a retirement plan, as it is an irrevocable decision. Election must be made by the first day of employment. The proper retirement plan contributions must be deducted from the employee's first paycheck.**

Special note: If you elect the ARP, Hybrid or TRS and are subsequently employed in a position ineligible for participation in these plans, you will automatically begin participation in SERS.

See page 2 for retirement plan election choices.

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Please review Retirement Options for Higher Education employees on the OSC website at osc.ct.gov.
Please indicate your irrevocable retirement plan election below.

Option 1 - State Employees Retirement System

(select applicable Tier) Tier I Tier II Tier IIA Tier III Tier IV

Hazardous Duty? Yes No

Option 2 - Alternate Retirement Program (ARP)

Employee contribution 5%

or

Employee contribution 6.5% (default)

Option 3 - State Employees Retirement System Hybrid Plan (Hybrid)

Option 4 - Teachers Retirement System (TRS)

Option 5 - Waiver (part-time adjuncts only)

Ineligible for retirement plan membership Reason: _____

IV. MEMBER'S STATEMENT

Please note: If this form is not received by your Human Resources office by the first day of employment, you will be defaulted into a retirement plan based on your bargaining unit. This default is irrevocable.

I understand that this is an irrevocable decision, and I cannot, at a later date, choose to participate in another plan.

| | | |
|---------------------------------------|-----------------|------|
| EMPLOYEE'S SIGNATURE | EMPLOYEE NUMBER | DATE |
| AUTHORIZED AGENCY SIGNATURE (& TITLE) | PHONE | DATE |

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

This form must be accompanied by Form CO-999 "Designation of Retirement Plan Beneficiary".

DESIGNATION OF RETIREMENT PLAN BENEFICIARY

CO-999 9/2017

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION**I. EMPLOYEE PERSONAL INFORMATION**

| | | | | | | | | |
|-----------|------------|------|--------------|------------------------|---------------|--------|-------------------------------|---------------------------------|
| LAST NAME | FIRST NAME | M.I. | EMPLOYEE NO. | SOCIAL SECURITY NUMBER | DATE OF BIRTH | GENDER | MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> |
|-----------|------------|------|--------------|------------------------|---------------|--------|-------------------------------|---------------------------------|

ADDRESS (Street No., Name) (City, State, Zip Code)

| | | | |
|----------------|----------------------------------|------------------|----------------|
| MARITAL STATUS | MARRIED <input type="checkbox"/> | DATE OF MARRIAGE | NAME OF SPOUSE |
| | SINGLE <input type="checkbox"/> | | |

DO YOU HAVE A PENSION DIVISION ORDER ("QDRO") AS A RESULT OF DIVORCE/LEGAL SEPARATION? YES NO IF YES, HAS THE ORDER BEEN SUBMITTED TO AND ACCEPTED BY THE RETIREMENT SERVICES DIVISION? YES NO **II. BENEFICIARY DESIGNATION**

Primary beneficiary(ies) must equal 100%. Contingent beneficiary(ies) must equal 100%. Please use whole percentages. If there are more than (4) beneficiaries designated, check the box to the right and attach an additional CO-999 form listing additional beneficiaries.

| NAME OF BENEFICIARY | | | PRIMARY <input type="checkbox"/> | SOCIAL SECURITY NUMBER | NAME OF BENEFICIARY | | | PRIMARY <input type="checkbox"/> | CONTINGENT <input type="checkbox"/> | SOCIAL SECURITY NUMBER |
|----------------------------|------------|---------|----------------------------------|------------------------|----------------------------|------------|---------|----------------------------------|-------------------------------------|------------------------|
| Last Name | First Name | M.I. | | NUMBER | Last Name | First Name | M.I. | | | NUMBER |
| ADDRESS (Street No., Name) | | | | RELATIONSHIP | ADDRESS (Street No., Name) | | | | RELATIONSHIP | |
| (City, State, Zip Code) | | PERCENT | DATE OF BIRTH | | (City, State, Zip Code) | | PERCENT | DATE OF BIRTH | | |

| NAME OF BENEFICIARY | | | PRIMARY <input type="checkbox"/> | CONTINGENT <input type="checkbox"/> | SOCIAL SECURITY NUMBER | NAME OF BENEFICIARY | | | PRIMARY <input type="checkbox"/> | CONTINGENT <input type="checkbox"/> | SOCIAL SECURITY NUMBER |
|----------------------------|------------|---------|----------------------------------|-------------------------------------|----------------------------|---------------------|------------|---------------|----------------------------------|-------------------------------------|------------------------|
| Last Name | First Name | M.I. | | | NUMBER | Last Name | First Name | M.I. | | | NUMBER |
| ADDRESS (Street No., Name) | | | | RELATIONSHIP | ADDRESS (Street No., Name) | | | | RELATIONSHIP | | |
| (City, State, Zip Code) | | PERCENT | DATE OF BIRTH | | (City, State, Zip Code) | | PERCENT | DATE OF BIRTH | | | |

III. MEMBER'S STATEMENT

I hereby revoke all previous appointments of beneficiaries made by me, if any, and designate the person(s) named above as beneficiary(ies) such person(s) to receive upon my death any and all sums 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.

| | | |
|---------------------------------------|-------|------|
| EMPLOYEE'S SIGNATURE | DATE | |
| AUTHORIZED AGENCY SIGNATURE (& TITLE) | PHONE | DATE |

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