

DESIGNATION OF RETIREMENT PLAN ELECTION**Higher Education Employment Only**

CO-931h Rev. 12/2019

Page 1 of 2

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

MARITAL STATUS	MARRIED ☐ SINGLE ☐	DATE OF MARRIAGE	NAME OF SPOUSE
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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 Full-time ☐ Part-time ☐		TYPE STATUS Permanent ☐ Temporary ☐ Durational ☐ Intermittent ☐

IS EMPLOYEE CURRENTLY EMPLOYED WITH ANOTHER STATE AGENCY? YES ☐ NO ☐ If YES, provide Agency NameHAS EMPLOYEE WORKED FOR THE STATE BEFORE? YES ☐ NO ☐ If YES, provide Agency Name and termination date**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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Page 2 of 2

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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, 165 Capitol Avenue, 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".