

# State University of New York Retirement Program Election Form

This form must be submitted to Human Resources/Employee Benefits within 30 days of your initial eligibility with a full-time appointment. Part-time employees may elect a retirement program at any time.

**Eligibility:** All faculty and professional staff are eligible for TRS and ERS.

For the ORP, full-time faculty and professional staff are eligible; part-time UUP-represented employees with a *term* appointment and part-time M/C employees are also eligible.

Name: (please print) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Having satisfied myself as to the retirement programs available to me by or pursuant to law in connection with my employment by the State University of New York, I hereby elect the following:

- \_\_\_\_\_ 1. New York State Teachers' Retirement System (TRS)
- \_\_\_\_\_ 2. New York State Employees' Retirement System (ERS)
- \_\_\_\_\_ 3. Optional Retirement Program (ORP)

1. Do you presently own retirement contracts from ING, Met Life, TIAA-CREF or VALIC? Yes      No

If yes:      Name of carrier \_\_\_\_\_  
                  Contract #      \_\_\_\_\_

2. Are you presently a member of the New York State Employees' Retirement System or the New York State Teachers' Retirement System? Yes      No

If yes: ERS or TRS? \_\_\_\_\_      Membership # \_\_\_\_\_

If yes, and you have less than ten years of service credit, please complete the "Public Retirement System Determination" (Form ORP-4) and attach it to this form.

3. Are you presently receiving a retirement benefit from any public retirement system of New York State? Yes      No

If yes, from which system? \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_