

**State University
of
New York**

Retirement Program History Sheet

This form is used to communicate prior participation in a retirement system.

Name: _____
SS#: _____
Phone: _____
Title: _____
College: _____

1. Do you presently own TIAA or CREF basic retirement contracts? Yes No
If yes, what are the contract numbers? _____

2. Do you presently own Aetna, Met Life, or VALIC basic retirement contracts? Yes No
If yes, which vendor and what is the contract number? _____

3. Are you presently a member of the New York State Employees' Retirement System (ERS) or the New York State Teachers' Retirement System (TRS)?* Yes No
If yes, which system, and what is your membership number? _____

4. Are you presently receiving a retirement benefit from any public retirement system of New York State? Yes No
If yes, which system? _____

Signed: _____ **Date:** _____
(mm/dd/yyyy)

* If yes, and you desire to join the ORP but have less than ten years of service credit, contact your Human Resources office and request Form ORP-4. Attach that form to this one when sending.

Retirement Program Election Form

(Please type or print)

Name: _____

SS#: _____

Phone#: _____

College: _____

(This form must be submitted to the Office Human Resources of your college within 30 days of your initial date of eligible appointment.)

Having satisfied myself as to the desired retirement program available to me by or pursuant to law in connection with my employment by State University of New York, I hereby elect to participate in the retirement program specified below.

- 1. New York State Teachers' Retirement System
- 2. New York State Employees' Retirement System
- 3. Optional Retirement Program*
 - A. Teachers Insurance and Annuity Association and College Retirement Equities Fund, (TIAA-CREF)

Alternative Funding Vehicles (AFV)

(Note: If you participate in an AFV, you must also elect CREF)

- B. ING AETNA Financial Services
- C. Metropolitan Life and Affiliated Companies
- D. Variable Annuity Life Insurance Company (VALIC)
- 4. I have been advised of my eligibility and elect to decline membership in a retirement system at this time (only for non-mandatory positions)

Signature: _____

Date: _____

(mm/dd/yyyy)

Note: Upon timely receipt of this form, the Human Resources Office will send you the appropriate application and other forms for the retirement program you have elected above.

* If part-time UUP, must have a *Term* based appointment to be eligible.