

State University of New York Retirement Program Election Form



Name: _____
Last four digits of SS#: _____
Phone: _____
Title: _____
Campus: _____

(This form must be submitted to the Office Human Resources of your campus 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 (TRS)**
 I am already a member (provide information on Retirement History Sheet)
- 2. New York State Employees' Retirement System (ERS)**
 I am already a member (provide information on Retirement History Sheet)
- 3. New York State Police & Fire Retirement System (PFRS)**
 I am already a member (provide information on Retirement History Sheet)

4. SUNY Optional Retirement Program (ORP)

New employees electing ORP MUST complete the Enrollment Process online at tiaa.org/suny or mail the appropriate enrollment paperwork to TIAA within 30 days of hire.

- A. Teachers Insurance and Annuity Association & College Retirement Equities Fund, (TIAA-CREF)

ORP Alternative Funding Vehicles (AFV)

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

- B. Fidelity Investments
- C. Metropolitan Life and Affiliated Companies (MetLife)
- D. Variable Annuity Life Insurance Company (VALIC)
- E. Voya Financial Services

- I am already a member of the SUNY ORP (provide information on Retirement History Sheet)

- 5. I have been advised of my eligibility and elect to decline membership in a retirement system at this time.** (Only for non-mandatory positions)
- 6. I am currently retired and receiving a NYS pension.** (provide information on Retirement History Sheet)

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.

**State University of New York
Retirement Program History Sheet**

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

Name: _____
Last four digits of SS#: _____
Phone: _____
Title: _____
Campus: _____

1. Have you ever been a member of the SUNY Optional Retirement Program (ORP)? Yes No

Name Of Campus	Title of Position	Full or Part Time	From Mo/Day/Yr	To Mo/Day/Yr	Contract Number (If Known)	Tier

2. Do you currently own a TIAA-CREF, Fidelity, Met Life, VALIC, or Voya basic retirement annuity contract to which employer contributions were made? Yes No

Name Of Vendor	Contract Number	Contributing Employer

3. Are you presently a member of the New York State Employees' Retirement System (ERS or PFRS)* or the New York State Teacher's Retirement System (TRS)? Yes No

Name Of Retirement System	Tier	Membership Number	Membership Date	Contribution %

4. Are you presently retired from or receiving a retirement benefit from **any** public Retirement System of New York State (ERS, PFRS, TRS, or ORP)? Yes No

Name of Retirement System	Tier	Date of Retirement

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

** Including PFRS; 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.*