



**Retirement Program Election Form (Please type or print)**

**Name:** \_\_\_\_\_

**Last 4 of SSN:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**College:** SUNY Upstate Medical University

**This form must be submitted to the Office of 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 the State University of New York, I hereby elect to participate in the retirement program specified below:**

**1. New York State Teachers' Retirement System (TRS)**

**2. New York State Employees' Retirement System (ERS)**

**3. Optional Retirement Program (ORP) (Only for Full-time and part-time term appointments)**

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

**B. Fidelity Investments**

**C. Corebridge Financial**

**D. Voya Financial Services**

**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)