

Retirement Program Election Form (Please type or print)

Name: _____

Social Security Number: _____

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)

Alternative Funding Vehicles (AFV)

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

- B. Fidelity Investments
- C. AIG (Formerly Variable Annuity Life Insurance Company-VALIC)
- 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)

**STATE UNIVERSITY OF NEW YORK
OPTIONAL RETIREMENT PROGRAM**

EMPLOYEES' RETIREMENT SYSTEM DETERMINATION

Name: _____

Social Security #: _____

I am presently a member of the New York State Employees' Retirement System (ERS) and have elected the Optional Retirement Program (ORP).

I understand that on the effective date of such election I shall become a person who shall be deemed to have discontinued service for the purpose of determining eligibility for rights and benefits in the Employees' Retirement System. I further understand that if I do not withdraw my accumulated contributions (an option available to me only if I have fewer than 10 years of service in ERS), my continued services with State University under the Optional Retirement Program will be deemed member service in the Employees' Retirement System for the purpose of determining eligibility for any vested retirement allowance, retirement allowance or ordinary death benefit dependent upon a specific period of total service or upon attainment of a specified age while in service or upon death while in service but that the amount of any benefit payable as a result of such eligibility will be based only on service otherwise creditable to me in such system and my compensation during such service.

I further understand that I may withdraw my accumulated contributions from the Employees' Retirement System, and that in so doing I will cease to be a member of such system, and will not be eligible for any benefits from such system.

In consideration of this, I desire to:

Leave my accumulated contributions in the retirement system.

Withdraw my accumulated contributions from the retirements system terminating membership, and submit herewith the appropriate form* for withdrawal of such contributions.

Signed: _____

Date: _____