

**DESIGNATION OF RETIREMENT PLAN ELECTION**  
**Higher Education Employment Only**

CO-931h Rev. 9/2017

Page 1 of 2

STATE OF CONNECTICUT  
OFFICE OF THE STATE COMPTROLLER  
RETIREMENT SERVICES DIVISION

**General Instructions:** This form is to be completed for all employees hired in an institution of higher education or the board of higher education central office only.

This form must be completed by the employing agency in conjunction with the employee, signed by both the employee and agency staff in Section IV and returned to the Retirement Services Division as soon as possible following the individual's employment date or effective date of any change.

CHECK TYPES OF ACTIONS BEING SUBMITTED ON THIS FORM

**NEW EMPLOYEE**    **RE-EMPLOYED**    **MULTIPLE EMPLOYMENT**    **AGENCY TRANSFER**    **TRANSFER TO OR FROM HAZARDOUS DUTY**    **CHANGE IN RETIREMENT ELIGIBILITY STATUS**

**I. EMPLOYEE PERSONAL INFORMATION**

LAST NAME	FIRST NAME	M.I.	EMPLOYEE NO.	SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
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ADDRESS (Street No., Name) (City, State, Zip Code)

MARITAL STATUS	MARRIED <input type="checkbox"/>	DATE OF MARRIAGE	NAME OF SPOUSE
	SINGLE <input type="checkbox"/>		

DO YOU HAVE A PENSION DIVISION ORDER ("QDRO") AS A RESULT OF DIVORCE/LEGAL SEPARATION?    YES     NO

IF YES, HAS THE ORDER BEEN SUBMITTED TO AND ACCEPTED BY THE RETIREMENT SERVICES DIVISION?    YES     NO

**II. EMPLOYMENT INFORMATION**

EMPLOYING AGENCY	RECORD NUMBER	AGENCY ADDRESS
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EMPLOYMENT DATE/EFFECTIVE DATE	BARG UNIT	CORE-CT JOB CODE	EMPLOYMENT STATUS	TYPE STATUS
			Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Durational <input type="checkbox"/> Intermittent <input type="checkbox"/>

IS EMPLOYEE CURRENTLY EMPLOYED WITH ANOTHER STATE AGENCY?    YES     If YES, provide Agency Name  
NO

HAS EMPLOYEE WORKED FOR THE STATE BEFORE?    YES     If YES, provide Agency Name and termination date  
NO

**III. RETIREMENT INFORMATION**

As a condition of employment with the State of Connecticut, all faculty and staff members must participate in a retirement plan with the exception of part-time Adjunct Faculty members. Part-time Adjunct Faculty members may elect to waive retirement plan membership.

Classified employees in higher education automatically become members of the State Employees Retirement System (SERS).

Unclassified employees must make a **one-time irrevocable election** of retirement plan membership. **Serious consideration must be given to the election of a retirement plan, as it is an irrevocable decision. Election must be made by the first day of employment. The proper retirement plan contributions must be deducted from the employee's first paycheck.**

**Special note:** If you elect the ARP, Hybrid or TRS and are subsequently employed in a position ineligible for participation in these plans, you will automatically begin participation in SERS.

See page 2 for retirement plan election choices.

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Page 2 of 2

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**Please review Retirement Options for Higher Education employees on the OSC website at [osc.ct.gov](http://osc.ct.gov).**  
**Please indicate your irrevocable retirement plan election below.**

Option 1 - State Employees Retirement System

(select applicable Tier)     Tier I     Tier II     Tier IIA     Tier III     Tier IV

Hazardous Duty?     Yes     No

Option 2 - Alternate Retirement Program (ARP)

Employee contribution 5%

or

Employee contribution 6.5% (default)

Option 3 - State Employees Retirement System Hybrid Plan (Hybrid)

Option 4 - Teachers Retirement System (TRS)

Option 5 - Waiver (part-time adjuncts only)

Ineligible for retirement plan membership    Reason: \_\_\_\_\_

**IV. MEMBER'S STATEMENT**

***Please note: If this form is not received by your Human Resources office by the first day of employment, you will be defaulted into a retirement plan based on your bargaining unit. This default is irrevocable.***

***I understand that this is an irrevocable decision, and I cannot, at a later date, choose to participate in another plan.***

EMPLOYEE'S SIGNATURE	EMPLOYEE NUMBER	DATE
AUTHORIZED AGENCY SIGNATURE (& TITLE)  (Benefit Specialist)	PHONE  860-486-3034	DATE

Forward completed form to: Retirement Services Division, Customer Service Center, 55 Elm Street, Hartford, CT 06106. Agency should retain one copy and provide one copy to employee.

This form must be accompanied by Form CO-999 "Designation of Retirement Plan Beneficiary".

**DESIGNATION OF RETIREMENT PLAN BENEFICIARY FORM FOR ACTIVE/INACTIVE MEMBERS**

CO-999 6/2018

STATE OF CONNECTICUT  
OFFICE OF THE STATE COMPTROLLER  
RETIREMENT SERVICES DIVISION

**I. EMPLOYEE PERSONAL INFORMATION**

MEMBER STATUS: NEW MEMBER <input type="checkbox"/>				ACTIVE MEMBER <input type="checkbox"/>	INACTIVE MEMBER <input type="checkbox"/>		
				INACTIVE MEMBERS (ONLY):			
				NEW ADDRESS <input type="checkbox"/>	NAME CHANGE <input type="checkbox"/>		
LAST NAME	FIRST NAME	M.I.	EMPLOYEE NO.	SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
ADDRESS (Street No., Name) (City, State, Zip Code)							
MARITAL STATUS	MARRIED <input type="checkbox"/>	DATE OF MARRIAGE	NAME OF SPOUSE				
	SINGLE <input type="checkbox"/>						

**II. BENEFICIARY DESIGNATION**

- I Type or PRINT clearly.
- I You may name any living person, your estate, a trust, or a charitable organization as your beneficiary.
- I At least one beneficiary must be named. If more than one primary beneficiary is named, the share of the beneficiary who dies before you shall be divided equally among the surviving beneficiaries.
- I A payment is made to a contingent beneficiary(ies) only if all primary beneficiaries die before you do.
- I If you survive all of the beneficiaries named, payment would be made to your estate.
- I To designate a trust as beneficiary enter the name and date of the trust agreement in the Beneficiary section of this form; leave the Relationship and Social Security sections blank; and indicate Primary or Contingent.
- I To designate your estate as beneficiary enter the word "Estate" in the beneficiary section of this form; leave the Relationship and Social Security sections blank; indicate Primary or Contingent.

Primary beneficiary(ies) must equal 100%. Contingent beneficiary(ies) must equal 100%. Please use whole percentages. If there are more than (4) beneficiaries designated, check the box to the right and attach an additional CO-999 form listing additional beneficiaries.

NAME OF BENEFICIARY PRIMARY <input type="checkbox"/>			SOCIAL SECURITY NUMBER	NAME OF BENEFICIARY PRIMARY <input type="checkbox"/> CONTINGENT <input type="checkbox"/>			SOCIAL SECURITY NUMBER
Last Name	First Name	M.I.		Last Name	First Name	M.I.	
ADDRESS (Street No., Name)			RELATIONSHIP	ADDRESS (Street No., Name)			RELATIONSHIP
(City, State, Zip Code)		PERCENT	DATE OF BIRTH	(City, State, Zip Code)		PERCENT	DATE OF BIRTH
NAME OF BENEFICIARY PRIMARY <input type="checkbox"/> CONTINGENT <input type="checkbox"/>			SOCIAL SECURITY NUMBER	NAME OF BENEFICIARY PRIMARY <input type="checkbox"/> CONTINGENT <input type="checkbox"/>			SOCIAL SECURITY NUMBER
Last Name	First Name	M.I.		Last Name	First Name	M.I.	
ADDRESS (Street No., Name)			RELATIONSHIP	ADDRESS (Street No., Name)			RELATIONSHIP
(City, State, Zip Code)		PERCENT	DATE OF BIRTH	(City, State, Zip Code)		PERCENT	DATE OF BIRTH

**III. MEMBER'S STATEMENT**

I hereby revoke all previous appointments of beneficiaries made by me, if any, and designate the person(s) named above as beneficiary(ies) such person(s) to receive upon my death any and all sums due me from the Retirement System of which I am a member. This designation shall remain in effect unless I subsequently change it by written notice to the Retirement Services Division.

EMPLOYEE'S SIGNATURE	DATE
AUTHORIZED AGENCY SIGNATURE (& TITLE) <p style="text-align: center;">(Benefit Specialist)</p>	PHONE 860-486-3034
	DATE

Forward completed form to: Retirement Services Division, Customer Service Center, 55 Elm Street, Hartford, CT 06106. Agency should retain one copy and provide one copy to employee.