

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

CO-931h Rev. 12/2019

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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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STATE OF CONNECTICUT  
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RETIREMENT SERVICES DIVISION

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)	PHONE	DATE
(Benefit Specialist)	860-486-3034	

Forward completed form to: Retirement Services Division, Customer Service Center, 165 Capitol Avenue, 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) <b>(Benefit Specialist)</b>	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.

# APPLICATION FOR PURCHASE OF RETIREMENT SERVICE CREDIT

CO-800 05/2023

STATE OF CONNECTICUT  
OFFICE OF THE STATE COMPTROLLER  
RETIREMENT SERVICES DIVISION

## MEMBER INSTRUCTIONS:

- Each new member of the State Employees Retirement System must complete this application (CO-800) upon being hired by the State of CT.
- For purchase opportunities not addressed when hired, this application (CO-800) must be received by the Retirement Services Division prior to the member's effective retirement date.
- Submit all forms and documents to the following address: 165 Capitol Avenue, Hartford, CT 06106

PART I - APPLICATION INFORMATION	APPLICANT'S LAST NAME		FIRST NAME		M.I.	EMPLOYEE NO.		DATE OF BIRTH						
	ADDRESS (Street No., Name, City, State, Zip Code)							TIER						
	AGENCY NAME		DEPT ID		APPLICANT'S JOB TITLE			JOB CODE						
	PHONE NUMBER (Home or Cell)			PERSONAL EMAIL ADDRESS										
	<b>TYPE OF PURCHASE</b> None - No Purchasable Service Applies Prior Military Service: Deadline - Must Apply for Purchase Within One Year of Initial Hire Date Restoration of Prior SERS Service Previously Refunded - Not Eligible if a Permanent Break Has Occurred Prior Connecticut Municipal Service Prior Service - Attributable to Another State Military Leave Without Pay or With Partial Pay Medical, Personal Illness, or Qualifying Family/Parental Leave Without Pay Pursuant to the SERS Plan Provisions													
PART II - PERIODS REQUESTED FOR PURCHASE	PURCHASE REQUESTED (List the periods of time in chronological order).				DATE RANGE FROM TO		Please check FT or PT and provide % if Part-Time							
							<table border="1"> <tr> <td>FT</td> <td>PT</td> <td></td> <td></td> <td></td> </tr> </table>				FT	PT		
FT	PT													
PART III - AUTHORIZATION	<b>COST STATEMENT</b>													
	The cost for purchasing Qualifying Retirement Service Credit is contingent on the following: Date(s) of Service, Date of Application and the Member's Plan/Tier Contribution requirement. Please review the Summary Plan Description (SPD) located on the Office of the State Comptroller website.													
	<b>MEMBER STATEMENT</b>													
	I certify that I have not received and am not entitled to receive any retirement allowance/pension from another source or the Federal Government for the same years of service I am requesting, with the exception of a combination of Active Duty Service and Reserve time. I further promise to diligently notify the Retirement Services Division if I become entitled to such a benefit in the future.  Military Service Acknowledgment: I understand that prior military service must be applied for within one year of commencement of state service.  I have read the information contained on this form and to the best of my knowledge, do not have any qualifying service as described on page two for which I may receive retirement credit, or have determined to make future application for municipal service or out of state service. I understand that if any required documentation necessary to review this purchase request is not enclosed, this application will not be processed and it will be returned to the member.  Any alterations to this application will cause the application to be rejected and will be returned to the member.													
MEMBER SIGNATURE							DATE							

**RETIREMENT CREDIT MAY BE PURCHASED FOR THE CATEGORIES LISTED BELOW:**

- **WAR SERVICE/NATIONAL EMERGENCY MILITARY SERVICE**

Members of SERS are eligible to purchase retirement credit for active duty in the Armed Forces rendered during a period of wartime or national emergency followed by a release under honorable conditions for the time periods categorized by applicable law. Please note:

Prior Military Service – Must Be Applied for Purchase Within One Year of Initial Hire Date.

REQUIRED DOCUMENTS: A copy of discharge papers (DD-214) that clearly reflect dates of active duty rendered to the Armed Forces, including the condition of release (character of service). In some situations, a photocopy of the military retirement credit point history record will be required (Form 22 is not a sufficient document for this purpose). Retirement credit shall not exceed ten years in total, nor be awarded if a pension will be or is being received from another source other than the Federal Government for the same period(s), with the exception of a combination of Active Duty Service and Reserve Time.

- **RETIREMENT CREDIT RESTORATION REQUEST**

To purchase previously withdrawn retirement credit, the employee must be a SERS member without a permanent break in service. A permanent break in service occurs if you have had a break in service, are not vested, and the period of your severance from service date to your reemployment commencement date equals or exceeds your vesting service prior to that severance, or five years, whichever is greater.

- **CONNECTICUT MUNICIPAL EMPLOYMENT**

Any prior period of municipal service while a member of the Connecticut Municipal Employees Retirement System (MERS).

REQUIRED DOCUMENTS: A form issued by the municipality that includes the name of municipality, percentage of employment and actual dates of service.

**NOTE: You may only apply for municipal service credit for periods during which you were a member of the MERS. Service is not creditable until you have at least ten years of vesting service in SERS.**

- **EMPLOYMENT WITH OTHER STATES**

Active full-time state employment with other states that offer similar credit provisions as the State Employees Retirement System (SERS).

REQUIRED DOCUMENTS: (a) Official statement indicating employment with other state(s) was full-time; (b) actual dates of service; (c) verification of ineligibility for retirement benefits.

**NOTE: At the time of retirement, you can only be credited with one year of employment with other state(s) for each two years of Connecticut state service. Retirement credit for service with another state shall not exceed ten years in total.**

- **MILITARY LEAVE WITHOUT PAY or PARTIAL PAY**

Military Leaves without pay or partial pay may be creditable for retirement from date of entry into active duty (or beginning of military leave without pay) to date of reinstatement in state service, provided the employee returns to state service within ninety days of an honorable release. Please note a legible copy of the honorable discharge document (DD-214) that clearly reflects the dates of active duty is required.

- **MEDICAL LEAVE WITHOUT PAY**

Leaves without pay for medical, personal illness, or qualifying family/parental leave. may only be creditable in monthly blocks or twenty-two (22) working day increments to a limit of not more than fifteen (15) months in any five year period. For family or parental leave, the purchase application must be accompanied by documentation approving that the leave was granted pursuant to CGS Section 5-248(a), C.G.S. §31-51kk, or applicable collective bargaining agreement.