

State University of New York Retirement Program Election Form

(Please type or print)

Name: _____

Last four digits of SS#: _____

Phone#: _____

College: _____

(This form must be submitted to the Office 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 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. New York State Police & Fire Retirement System (PFRS)
- 4. SUNY Optional Retirement Program (ORP)
 - A. Teachers Insurance and Annuity Association and College Retirement Equities Fund, (TIAA-CREF)

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
- D. Variable Annuity Life Insurance Company (VALIC)
- E. Voya Financial Services
- 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)

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.