

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

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STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

This form must be completed by the employing agency in conjunction with the employee. Return completed and signed form 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 (NO PRIOR STATE SERVICE) RE-EMPLOYED MULTIPLE AGENCY 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"/>		

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

A. New Employees Only (No Prior State Employment):

State Statutes require that each State of Connecticut employee be covered by a retirement plan. This is a mandatory condition of employment. **Serious consideration must be given to the election of a retirement plan, as it is an irrevocable decision.**

New state employees automatically become members of the State Employee Retirement System (SERS) Tier IV retirement plan. However any teacher in state service, who is required as a condition of their employment to hold an appropriate certificate of qualification issued by the State Board of Education, may elect membership in the Teachers' Retirement System (TRS) in lieu of SERS Tier IV.

State Employees Retirement System (SERS) Tier IV

This is a governmental defined benefit plan intended to be qualified under section 401(a) of the Internal Revenue Code. The employee contribution is 5% of your salary to the state's defined benefit plan and an additional 1% of your salary to a defined contribution plan. The state will match the 1% contribution to the defined contribution plan. Contributions are made on a pre-tax basis. See the SERS Tier IV Summary Plan Description available on the Office of the State Comptroller's website <http://www.osc.ct.gov> for more details.

Teachers' Retirement System (TRS)

Effective January 1, 2018 the employee contribution is 8.25% of your annual salary. Contributions are made on a pre-tax basis. 7% is posted into your membership account and 1.25% is posted to the Health Insurance Fund which helps reduce the cost of health insurance for eligible retired members and spouses. See the TRS plan summary available on the Teachers' Retirement Board's website at <http://www.ct.gov/trb/site/default.asp>.

B. Employees with Prior State Service (Rehires):

Employees with prior state service must rejoin the retirement plan in which they previously participated unless the employee is hired in a position ineligible for participation in their prior retirement plan.

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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 - Teachers' Retirement System (if eligible)

Ineligible for retirement plan membership Reason: _____

EMPLOYEE'S SIGNATURE

EMPLOYEE NO.

DATE

AUTHORIZED AGENCY SIGNATURE (& TITLE)

PHONE

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

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)			PHONE		DATE

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