

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".