

DESIGNATION OF RETIREMENT PLAN ELECTION
Non-Higher Education Employment Only

CO-931 Rev. 9/2017

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 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 Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	TYPE STATUS Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Durational <input type="checkbox"/> Intermittent <input type="checkbox"/>
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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

State Statutes require that each State of Connecticut employee be covered by a retirement plan. This is a mandatory condition of employment.

An election of a retirement plan is irrevocable. You will remain a member of your elected retirement plan for your entire State service. If you elect the Teachers' Retirement System (TRS) and are subsequently employed in a position ineligible for participation in TRS, you will automatically begin participation in SERS.

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	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".