

GENESEO Retirement Program Election Form

I hereby acknowledge that I have been informed by my employer, SUNY Geneseo, that as a matter of right, I may elect to join a Retirement System as appropriate for my position. This form must be submitted to the Office of Human Resources within 30 days of your initial date of eligible appointment. Additionally, applicable enrollment forms and processes need to be completed within 30 days of your initial date of eligible appointment.

I hereby elect to participate in the retirement program specified below and/or am already a member of the specified program listed. I also understand that if I am currently a member of a retirement system I must continue to make contributions to that system.

1. **New York State Teachers Retirement System (TRS)**
 I have completed the Membership Application (RS5420)
 I am already a member (Please complete information on page 2 of this form)
2. **New York State and Local Retirement System (ERS)**
 I have completed the Membership Application (NET-2)
 I am already a member (Please complete information on page 2 of this form)
3. **SUNY Optional Retirement Program**
 I am already a member of the SUNY Optional Retirement Program
(Please complete information on page 2 of this form)
4. **I have been advised of my eligibility and elect to decline membership in a retirement system at this time.** (Only for non-mandatory positions)
5. **I am currently retired and receiving a NYS pension or from an optional retirement program***
 TRS
 ERS
 SUNY ORP (TIAA, Fidelity, Voya, Corebridge Financial)*
(Please complete information on page 2 of this form)

Print Name: _____

Date: _____

Signature: _____

Title: _____

Retirement Program History Sheet

This form is used to communicate prior participation in a retirement system.

1. Have you ever been a member of the SUNY Optional Retirement Program? Yes No

Name of Campus	Title of Position	Full or Part Time	From mm/dd/yyyy	To mm/dd/yyyy	Contract Number

2. Do you currently own a TIAA, Fidelity, Voya, Corebridge Financial basic retirement annuity contract to which employer contributions are made? Yes No

Name of Vendor	Contract Number	Contributing Employer

3. Are you presently a member of the New York State Employees' Retirement System (ERS)* or the New York State Teacher's Retirement System (TRS)? Yes No

Name of Retirement System	Membership Number	Membership Date mm/dd/yyyy

4. Are you presently receiving a retirement benefit from any public Retirement System of NYS? Yes No

Name of Retirement System	Date of Retirement

* If yes, and you desire to join the ORP but have less than ten years of service credit, contact your Human Resources office and request Form ORP4. Attach that form to this one when sending.