



9 Walter Ave. Unit 5075
Storrs, CT 06029-5075
Telephone: (860) 486-3034
Fax: (860) 486-0378

Employee Service Information

EMPLOYEE NAME

EMPLOYEE NUMBER

PRIOR STATE OF CONNECTICUT/CONNECTICUT COUNTY SERVICE AND MILITARY INFORMATION

Please complete the information below to ensure that the calculation of your State service for all purposes; Longevity, Seniority & Retirement, includes all eligible service under State statutes and in accordance with bargaining unit contract language. All service provided below, including military service, will be evaluated for possible service time credit.

I certify that I have neither qualifying prior service with the State of Connecticut nor Connecticut County Service

I have prior State of Connecticut service, including Student Worker service and Special Payroll Appointments at UConn; and/or I have Connecticut county service (which I understand will be reviewed for eligibility under certain legislative acts)

State Agency/County Service	Employment Dates: From To	Full/Part Time *

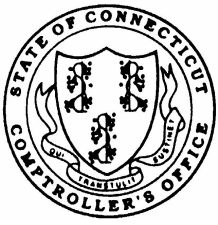
*Part-time will be pro-rated to full-time equivalency for some purposes.

I certify that I have no qualifying military service.

I certify I have active duty military service and I am attaching required documentation (DD-214). **

**If not attached to this form; please provide DD-214's as soon as possible to Human Resources

Employee Signature _____ Date _____



HEALTHCARE POLICY & BENEFIT SERVICES DIVISION

ENROLLMENT FORM
RETIREE HEALTH FUND
FOR EMPLOYEES FIRST HIRED ON OR AFTER 7/1/2017

SUBMIT COMPLETED
FORM TO YOUR AGENCY
HUMAN RESOURCES/
PAYROLL OFFICE

CO-1300B (10/2017)

EMPLOYEE INFORMATION	Last Name		First Name, Middle Initial		Employee Number ?
	Street Address				Job Record Number
	City, State, Zip Code				Social Security Number
	Is Employee healthcare-eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency Dept. ID ?		Date of Hire ?
DEDUCTION	<input type="checkbox"/> OPE15 - 3% of compensation		Pay Period Start Date (Month/Date/Year) ___ / ___ / ___		
	<input type="checkbox"/> OTR15 - TRS members 1.75% of compensation		Employer Share: <input type="checkbox"/> OPER 3% <input type="checkbox"/> OTER 1.75% Start Date: ___ / ___ / ___		
EMPLOYEE ACKNOWLEDGEMENT: I understand that completion of this form is for the purpose of monitoring my obligation to contribute to the Retiree Health Fund for a total of 15 years or until I retire, whichever comes first.					
Employee Signature			Date		
EXEMPTION	Is Exemption Claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify reason below				
	<input type="checkbox"/> Exempt employee: <input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> Not Healthcare-Eligible <input type="checkbox"/> Not eligible for Retirement Plan participation <input type="checkbox"/> Other retiree coverage - Attach signed Affidavit (CO-1303) and Waiver (CO-1304) ?				
Authorized Agency Signature			Title		Date ?
Agency Contact (Print Name) ?			Agency Contact Telephone		Agency Contact Email



Return to OSC, Employee Benefits Unit, Healthcare Policy & Benefit Services Division,
55 Elm Street, Hartford, CT 06106.



CO-1300B OPEB ENROLLMENT

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

CO-931h Rev. 9/2017

Page 1 of 2

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

General Instructions: This form is to be completed for all employees hired in an institution of higher education or the board of higher education central office only.

This form must be completed by the employing agency in conjunction with the employee, signed by both the employee and agency staff in Section IV and returned 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"/> SINGLE <input type="checkbox"/>	DATE OF MARRIAGE	NAME OF SPOUSE
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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 ☐ NO ☐ If YES, provide Agency NameHAS EMPLOYEE WORKED FOR THE STATE BEFORE? YES ☐ NO ☐ If YES, provide Agency Name and termination date**III. RETIREMENT INFORMATION**

As a condition of employment with the State of Connecticut, all faculty and staff members must participate in a retirement plan with the exception of part-time Adjunct Faculty members. Part-time Adjunct Faculty members may elect to waive retirement plan membership.

Classified employees in higher education automatically become members of the State Employees Retirement System (SERS).

Unclassified employees must make a **one-time irrevocable election** of retirement plan membership. **Serious consideration must be given to the election of a retirement plan, as it is an irrevocable decision. Election must be made by the first day of employment. The proper retirement plan contributions must be deducted from the employee's first paycheck.**

Special note: If you elect the ARP, Hybrid or TRS and are subsequently employed in a position ineligible for participation in these plans, you will automatically begin participation in SERS.

See page 2 for retirement plan election choices.

DESIGNATION OF RETIREMENT PLAN ELECTION
Higher Education Employment Only

CO-931h Rev. 9/2017

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STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

Please review Retirement Options for Higher Education employees on the OSC website at osc.ct.gov.
Please indicate your irrevocable retirement plan election below.

- ☐ 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 - Alternate Retirement Program (ARP)
 ☐ Employee contribution 5%
 or
 ☐ Employee contribution 6.5% (default)
- ☐ Option 3 - State Employees Retirement System Hybrid Plan (Hybrid)
- ☐ Option 4 - Teachers Retirement System (TRS)
- ☐ Option 5 - Waiver (part-time adjuncts only)
- ☐ Ineligible for retirement plan membership Reason: _____

IV. MEMBER'S STATEMENT

Please note: If this form is not received by your Human Resources office by the first day of employment, you will be defaulted into a retirement plan based on your bargaining unit. This default is irrevocable.

I understand that this is an irrevocable decision, and I cannot, at a later date, choose to participate in another plan.

EMPLOYEE'S SIGNATURE	EMPLOYEE NUMBER	DATE
AUTHORIZED AGENCY SIGNATURE (& TITLE)	PHONE 860-486-3034	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 <input type="checkbox"/> FEMALE <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.		Last Name	First Name	M.I.	
ADDRESS (Street No., Name)			RELATIONSHIP	ADDRESS (Street No., Name)			RELATIONSHIP
(City, State, Zip Code)		PERCENT	DATE OF BIRTH	(City, State, Zip Code)		PERCENT	DATE OF BIRTH
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.		Last Name	First Name	M.I.	
ADDRESS (Street No., Name)			RELATIONSHIP	ADDRESS (Street No., Name)			RELATIONSHIP
(City, State, Zip Code)		PERCENT	DATE OF BIRTH	(City, State, Zip Code)		PERCENT	DATE OF BIRTH

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 860-486-3034	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.



STATE OF CONNECTICUT
RETIREMENT SERVICES DIVISION
OFFICE OF THE STATE COMPTROLLER

TIER IV

For ~~TIER III~~ Plan Members - check here ☐

For Hybrid Plan Members - check here ☐

**RETIREMENT CREDIT PURCHASE REQUEST FOR
PRIOR MISCELLANEOUS SERVICES FORM**

CO-991 - Revised 8/2015

- PRIOR MILITARY SERVICE
- PRIOR EMPLOYMENT WITH OTHER STATES
- PRIOR CONNECTICUT MUNICIPAL EMPLOYEES RETIREMENT SERVICE

PLEASE TYPE OR PRINT

Any alterations to this form will NOT be accepted

DESCRIPTION OF PURCHASABLE PRIOR SERVICE AND INSTRUCTIONS for State Employees Retirement System (SERS) members:
Within certain limitations, retirement credit may be obtained for the categories listed below:

WAR SERVICE/NATIONAL EMERGENCY MILITARY SERVICE

Members of SERS are eligible to purchase retirement credit for active duty in the Armed Forces rendered during a period of wartime or national emergency followed by a release under honorable conditions for the time periods categorized by applicable law. **REQUIRED DOCUMENTS:** A copy of discharge papers (DD-214) which clearly show dates of active duty rendered to the Armed Forces with the condition of release (character of service). In some situations, a photocopy of the military retirement credit point history record will be required. (Form 22 is not a sufficient document for retirement review purposes.) Retirement credit shall not exceed ten years in total, nor be awarded if a pension will be or is being received from another source other than the Federal Government for the same period(s). **Cost to member:** 4% x annual full-time rate of compensation upon hire. (Plus, any payroll installment interest - if elected).

EMPLOYMENT WITH OTHER STATE(S)

Active full-time state employment with other state or states which offer similar credit provisions to former employees of the State of Connecticut. **REQUIRED DOCUMENTS:** (a) Official statement indicating employment with other state(s) was full-time; (b) actual dates of service; (c) verification of ineligibility for retirement benefits. **NOTE:** At the time of retirement, you can only be credited with one year of employment with other state(s) for each two years of Connecticut state service. Retirement credit for service to another state shall not exceed ten years in total. **Cost to member:** 6% x annual full-time rate of compensation upon hire plus 5% interest per annum from service date to purchase date.

CONNECTICUT MUNICIPAL EMPLOYMENT

Any prior period of municipal service while a member of the Connecticut Municipal Employees Retirement System (CMERS). **REQUIRED DOCUMENTS:** Name of municipality and actual dates of service. **NOTE:** You may only apply for municipal service credit for periods during which you were a member of the CMERS. Service is not creditable until you have at least ten years of vesting service. **Cost to member:** Contributions made to CMERS plus 5% interest per annum from service date to purchase date.

Be advised that this request for a calculation is non-binding. To receive a cost calculation, fill out this form and return to:
Retirement Services Division, Attn: Retirement Purchase Unit, 55 Elm Street, Hartford, CT 06106-1775.

MEMBER IDENTIFICATION				
EMPLOYEE NUMBER	MEMBER NAME (Last)	First Name	M.I.	MEMBER SOC. SEC. NUMBER (Last 4 digits only)
CURRENT AGENCY/INSTITUTION			BARGAINING UNIT	MEMBER HIRE DATE
MEMBER MAILING ADDRESS (street number, street name, city, state, zip code)			MEMBER TELEPHONE NUMBER (where you can be reached between 8 a.m. & 4 p.m.)	

MEMBER REQUEST	
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For a Cost Calculation to Purchase Retirement Credit for service listed below, please furnish type of service and dates.

TYPE OF SERVICE	DATES	
	FROM	TO

MEMBER STATEMENT and ACKNOWLEDGEMENT	
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I certify that I have not received and am not entitled to receive any retirement allowance/pension from another source other than the Federal Government for the same years of service I am requesting. I further promise to diligently notify the Retirement Services Division if I become entitled to such a benefit in the future.

Military Service Acknowledgement: I understand that military service must be applied for within one year of commencement of state service.

I have read the information contained on this form and to the best of my knowledge, do not have any qualifying service as described above for which I may receive retirement credit in either Tier III, the Hybrid Plan, or have determined to make future application for municipal service or out of state service.

MEMBER SIGNATURE	DATE
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AGENCY PART	
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All required supporting documents must be attached; otherwise, this form is invalid and it will not be processed.

AGENCY CONTACT PERSON (PLEASE PRINT)	BUSINESS UNIT UConn-Storrs	TELEPHONE NUMBER 860-486-3034	DATE
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