

State of Connecticut

WAIVER OF RETIREMENT PLAN PARTICIPATION

Connecticut State University Part-time Employees

Rev. 5-1-08

Note: Retired members of the State Employees Retirement System, the Alternate Retirement Program, and the Teachers Retirement System are subject to reemployment limitations and must complete Form CO-931, "Designation of Retirement System-Tier-Plan-Beneficiary". The following waiver provision does not apply to retired members.

Part-time employees covered by the collective bargaining agreement between the State and the Connecticut State University - American Association of University Professors, Inc. (CSU-AAUP/BOT) contract must participate in a retirement plan unless they irrevocably waive retirement plan membership for this and any subsequent part-time employment with the agency named below or with the Board of Governors of Higher Education or any other of its constituent units. If you are covered by this contract and wish to irrevocably waive your right to join a pension plan, please complete the following:

_____	_____	_____
Employee Name (Type or Print)	Employee Number	Social Security Number
<u>Western Connecticut State University</u>	_____	<u>21-AAUP</u>
Agency Name	Date of Employment	Bargaining Unit

EMPLOYEE'S STATEMENT: I hereby irrevocably waive my right to membership in a retirement plan for this and any subsequent part-time employment with this agency or the Board of Governors of Higher Education or any other of its constituent units within the State of Connecticut.

_____	_____
Employee's Signature	Date

_____	_____	_____
Authorized Agency Signature, Title	Date	Phone Number

Forward original to: Western Connecticut State University
Human Resources Department
181 White Street
Danbury, CT 06810
203-837-8666

Office of the State Comptroller
Retirement & Benefit Services Division
Data Base Unit
55 Elm Street, Hartford, CT 06016.