

**DESIGNATION OF RETIREMENT SYSTEM-TIER-PLAN-BENEFICIARY
For Higher Education Employment Only**

CO-931h New 12/2011

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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, each page must be initialed by both the employee and an authorized agency staff member, signed by both the employee and agency staff in Section V 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 - THEN CONSULT APPLICABLE INSTRUCTIONS

NEW EMPLOYEE RE-EMPLOYED MULTIPLE EMPLOYMENT AGENCY TRANSFER EMPLOYEE NAME AND/OR ADDRESS CHANGE CHANGE IN BENEFICIARY(IES) NAME AND/OR ADDRESS CHANGE IN RETIREMENT SYSTEM INFORMATION ONLY

I. EMPLOYEE PERSONAL INFORMATION

EMPLOYEE NAME (Last, First, M.I.) (1)	EMPLOYEE NO. (2)	SOCIAL SECURITY NUMBER (3) XXX-XX-____	DATE OF BIRTH (4)	SEX (5) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
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EMPLOYEE'S HOME ADDRESS (Street No., Name) (City, State, Zip Code) (6)

MARITAL STATUS (7) MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/>	DATE OF MARRIAGE (8)	NAME OF SPOUSE (9)
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II. EMPLOYMENT INFORMATION

EMPLOYING AGENCY (10) Western CT State University	CORE-CT DEPT ID (11) CSU84500	AGENCY ADDRESS (12) 181 White Street, Danbury, CT 06810
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EMPLOYMENT DATE/EFFECTIVE DATE (13)	BARG UNIT (14) 21	CORE-CT JOB CODE (15) 7839	EMPLOYMENT STATUS (16) Full-time <input type="checkbox"/> Part-time <input checked="" type="checkbox"/>	TYPE STATUS (17) Permanent <input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Durational <input type="checkbox"/> Intermittent <input type="checkbox"/>
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IS EMPLOYEE CURRENTLY EMPLOYED WITH ANOTHER STATE AGENCY? (18) YES If YES, provide Agency Name
NO

HAS EMPLOYEE WORKED FOR THE STATE BEFORE? (19) 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 system except as otherwise provided below; this is a mandatory requirement.

Classified employees - Classified employees in higher education automatically become members of SERS.

Full-Time State Teacher/Full-time or Part-time Professional Staff Member (unclassified) - If you are a full-time employee in a position statutorily defined as a state teacher or a full-time or part-time professional staff member (unclassified) in higher education you must make an irrevocable election of membership in State Employees Retirement System (SERS) Tier III, the Alternate Retirement Program (ARP), the SERS Hybrid Plan or, if eligible, the Teachers Retirement System (TRS) within 60 days of your employment. If you do not make an election within this 60 day period you will automatically become a member of SERS Tier III.

Adjunct Faculty Members - If you are a part-time, adjunct faculty member in higher education, you must make a one-time irrevocable election of membership. Your options and plan default are determined based on your place of employment. All elections must be made within 60 days of your employment or you will automatically default into participation in the retirement plan specified below.

University of Connecticut - You may elect membership in SERS Tier III, ARP, the SERS Hybrid Plan or if eligible, TRS. You may also elect not to participate in a retirement plan. If you do not make an election, you will automatically become a member of ARP.

Connecticut State Universities - You may elect membership in SERS Tier III, ARP, the SERS Hybrid Plan or if eligible, TRS. You may also elect not to participate in a retirement plan. If you do not make an election, you will automatically become a member of SERS Tier III.

Other Higher Education Institutions - You may elect membership in SERS Tier III, ARP, the SERS Hybrid Plan or if eligible, TRS. If you do not make an election, you will automatically become a member of SERS Tier III.

Your election is irrevocable; no change to an employee's retirement plan membership is permitted after initial election or following 60 day default. However, if you elect ARP, the SERS Hybrid Plan or TRS membership and are subsequently employed in a position not eligible for ARP, the SERS Hybrid Plan or TRS participation, you must be enrolled in SERS Tier III. If you previously waived membership in any retirement plan as a part-time, adjunct faculty member at UCONN or CSU and later become employed in a full-time position you must make an irrevocable election to join SERS Tier III or, if eligible, ARP, the SERS Hybrid Plan or TRS.

Employee's Initials _____

Agency Staff's Initials _____

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A summary of the retirement systems provided by the State of Connecticut follows. **You are urged to review specific information regarding each of these systems available as noted below. Remember your retirement plan election is irrevocable unless you elect ARP, the SERS Hybrid Plan or TRS and are subsequently employed in a position not eligible for participation in these plans; under such circumstance you will automatically begin participating in SERS Tier III.**

State Employees Retirement System (SERS), Tier III

This is a governmental defined benefit plan intended to be qualified under section 401(a) of the Internal Revenue Code. The employee contribution to this plan is 2% of your salary and contributions are "picked up" by the employer and made on a pre-tax basis. Should you meet the requirements for receipt of a retirement benefit under this plan, the benefit you receive will be calculated based on a formula which uses the number of years you participated in the plan and the average of your five highest years' salary. Under the Tier III plan, retirement credit may be granted for some prior employment service, including military service and municipal employment. Restrictions apply. See the SERS Tier III Summary Plan Description available on the Office of the State Comptroller's website <http://www.osc.ct.gov> for more details.

State Employees Retirement System (SERS) Hybrid Plan

This is a governmental defined benefit plan with a "cash out" option intended to be qualified under section 401(a) of the Internal Revenue Code. The employee contribution to this plan is 5% of your salary and contributions are "picked up" by the employer and made on a pre-tax basis. At the time of retirement you must choose between receipt of a defined benefit calculated based on a formula which uses the number of years you participated in the plan and the average of your five highest years' salary or a lump sum withdrawal of your contributions plus four percent interest with a 100% employer match. See the SERS Hybrid Plan Summary Plan Description available on the Office of the State Comptroller's website <http://www.osc.ct.gov> for more details.

State Teachers' Retirement System (TRS)

This is a governmental defined benefit plan intended to be qualified under section 401(a) of the Internal Revenue Code. If your employment as a part-time employee is concurrent with employment as a public school teacher, you may elect to have your earnings treated as earnings subject to the Teachers' Retirement System. The employee contribution is 7.25% of your salary and is "picked up" by the employer and made on a pre-tax basis. Earnings during summer employment do not apply. See plan summary for more details. TRS plan summary information is available on the Teachers Retirement Board's website at <http://www.ct.gov/trb/site/default.asp>.

Alternate Retirement Program (ARP)

This is a governmental defined contribution plan intended to be qualified under section 401(a) of the Internal Revenue Code. An ARP member's benefit is based upon their contributions to the plan, the State's contribution to the plan and investment earnings, if any. The employee contribution to the plan is 5% of your salary and is "picked up" by the employer and made on a pre-tax basis; the State contributes an amount equal to 8% of your salary. Plan contributions are invested at the direction of the member in investment funds available under the plan. ING is the State's administrator for ARP. Information on ARP is available on the internet at www.CTdcp.com.

The State of Connecticut Plan Comparison chart provides a side by side comparison of key features of the four retirement plans. The chart is available on the Office of the State Comptroller's website at : <http://www.osc.ct.gov/rbsd/highered/RetPlnCmpChrHEd.pdf>.

B. Employees with Prior State Service (Rehires):

Rehired employees with prior state service must rejoin the retirement plan (SERS Tier I, II, IIA or III, TRS, ARP or the SERS Hybrid Plan) in which they previously participated unless:

- The employee has experienced a permanent break in service.
- The employee is hired in a position not eligible for participation in their prior retirement plan.
- The employee is hired in a position which affords them the opportunity to elect participation in a retirement plan not previously available to them.

Employees with prior state service as **part-time** faculty during which they were eligible to and elected to waive membership in a retirement plan are ineligible for retirement plan membership during any subsequent **part-time** faculty employment.

Employees with prior state service as **part-time** faculty during which they were eligible to and elected to waive membership in a retirement plan who are subsequently rehired in full-time positions will be treated as new employees and offered the retirement plan election options appropriate to a new hire in their present position.

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C. Employees with Multiple Employment:

Employees who work for more than one state agency and currently participate in SERS Tiers I, II, IIA or III, ARP, TRS or the SERS Hybrid Plan are not entitled to change retirement plan participation as a result of accepting supplemental employment and must remain in the retirement plan to which they are assigned immediately prior to commencing any multiple employment.

Employees with full-time positions during which they are members of the TRS must be coded as ineligible for retirement system membership if they are dually employed in a part-time position not includable in TRS.

Employees with full-time positions during which they are members of the ARP must be coded as ineligible for retirement system membership if they are dually employed in a part-time position not eligible for ARP membership.

State Judges who accept part-time positions with a state college or university are not eligible to participate in a retirement plan as a result of this secondary, part-time employment.

D. Agency Transfer:

Employees who transfer from a non-higher education agency to a state college or university unclassified position for the first time are eligible to change their retirement plan membership from SERS Tiers I, II, IIA or III to the ARP, the SERS Hybrid Plan or, if eligible, TRS. However, such change must take effect with the date of their transfer. There is no 60 day window period associated with a transfer of retirement plan membership based upon a change in an employee's work location.

Employees who are members of ARP and transfer from a state college or university to a non-higher education agency must be enrolled in SERS as of the date of their transfer.

E. Change in Retirement System Information Only:

Employees who transfer from a classified position in a state college or university to an unclassified position within the same state college or university for the first time are eligible to change their retirement plan membership from SERS Tiers I, II, IIA or III to ARP, the SERS Hybrid Plan or, if eligible, TRS. However, such change must take effect with the date of their transfer. There is no 60 day window period associated with a transfer of retirement plan membership based upon a change in an employee's position.

Employees who are members of ARP and transfer from an unclassified position in a state college or university to a classified position within the same state college or university must be enrolled in SERS as of the date of the change in their enrollment.

RETIREMENT SYSTEM (20)

STATE EMPLOYEES RETIREMENT SYSTEM, Tier III
 Tier IIA
 Tier II
 Tier I
 ALTERNATIVE RETIREMENT PLAN
 STATE EMPLOYEES RETIREMENT SYSTEM HYBRID PLAN
 TEACHERS RETIREMENT SYSTEM
 WAIVER (part-time adjuncts only)
 INELIGIBLE SYSTEM

Hazardous Duty? YES NO

IV. BENEFICIARY INFORMATION If there are more than (4) beneficiaries designated, check the following box and attach an additional CO-931 form listing additional beneficiaries.

NAME OF BENEFICIARY (Last, First, M.I.) (21)		SOCIAL SECURITY NO. (22)		NAME OF BENEFICIARY (Last, First, M.I.) (28) CONTINGENT <input type="checkbox"/>		SOCIAL SECURITY NO. (29)		
ADDRESS (Street No., Name) (23)			RELATIONSHIP (24)		ADDRESS (Street No., Name) (30)			RELATIONSHIP (31)
(City, State, Zip Code) (25)		PERCENT (26)	DATE OF BIRTH (27)		(City, State, Zip Code) (32)		PERCENT (33)	DATE OF BIRTH (34)
NAME OF BENEFICIARY (Last, First, M.I.) (35) CONTINGENT <input type="checkbox"/>			SOCIAL SECURITY NO. (36)		NAME OF BENEFICIARY (Last, First, M.I.) (42) CONTINGENT <input type="checkbox"/>		SOCIAL SECURITY NO. (43)	
ADDRESS (Street No., Name) (37)			RELATIONSHIP (38)		ADDRESS (Street No., Name) (44)			RELATIONSHIP (45)
(City, State, Zip Code) (39)		PERCENT (40)	DATE OF BIRTH (41)		(City, State, Zip Code) (46)		PERCENT (47)	DATE OF BIRTH (48)

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V. MEMBER'S STATEMENT

I have read the information provided on this form and understand that I can find a description of my benefits, rights and responsibilities under the SERS, ARP and TRS retirement systems in their respective Summary Plan Descriptions and other plan information located on the websites noted in Section III of this form. I acknowledge that prior to signing this form, I had opportunity to review these descriptions, ask questions and obtain additional information with regard to the provisions of the retirement systems available to me as a State employee in higher education prior to making my retirement plan choice. I understand the provisions of the retirement system I have irrevocably elected above and that I will be required to make contributions based upon my retirement plan designation.

I further understand that this is a one-time Election and that **my choice of retirement is irrevocable**; that is I must remain in the retirement plan I have chosen in Section III throughout my entire employment with the State of Connecticut until and unless retirement plan provisions as outlined in Section III require such a change.

I understand that if it is subsequently determined that I was not eligible to participate in the plan I have selected, or was ineligible to make any election at the time my election was made, my election will be considered invalid and will be reversed.

If I am eligible to and have elected to waive membership in a retirement plan, I understand that this constitutes **an irrevocable waiver of my rights to participate in any retirement system** for any and all of my service as a part-time, adjunct faculty member, I understand that this means I will not have any right to retirement benefits from the State for any and all employment with the State as a part-time, adjunct faculty member.

Further, I hereby revoke all previous appointments of beneficiaries made by me, if any, and designate the person(s) named in Section IV of this form as beneficiary(ies) such person(s) to receive upon my death any lump sum benefits 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 (49)	DATE (50)	
AUTHORIZED AGENCY SIGNATURE (& TITLE) (51)	PHONE (52)	DATE (53)

Forward completed form to: Retirement Services Division, Data Base Unit, 55 Elm Street, Hartford, CT 06106. Agency should retain one copy and provide one copy to employee.



Beneficiary Designation

Initial Designation

Change to Designation

Mail or Fax completed form to:
ING Life Insurance and Annuity Company
PO Box 990063
Hartford, CT 06199-0063
Fax: 800-643-8143

Plan Information	Plan Name State of Connecticut Alternate Retirement Program	Plan No. 666801
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Participant Information	Participant Name (Last, First, Middle Initial)	Social Security No.
	Daytime Telephone No. ()	Evening Telephone No. ()

Beneficiary Information <i>Please print.</i> <i>Changes must be initiated by the Participant.</i> <i>If additional space is needed, attach a separate page and include all the information shown here.</i> <i>* Total Percentage must equal 100% for Primary Beneficiary and 100% for Contingent Beneficiary (if designated).</i> <i>** Contingent Beneficiary(ies) will only receive payment if all Primary Beneficiaries have predeceased the Participant.</i>	Beneficiary Name and Address (Complete legal name required.)	<input checked="" type="checkbox"/> Primary Beneficiary	Percentage*
	Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)
	Beneficiary Name and Address (Complete legal name required.)	<input type="checkbox"/> Primary Beneficiary OR <input type="checkbox"/> Contingent Beneficiary**	Percentage*
	Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)
	Beneficiary Name and Address (Complete legal name required.)	<input type="checkbox"/> Primary Beneficiary OR <input type="checkbox"/> Contingent Beneficiary**	Percentage*
	Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)
	Beneficiary Name and Address (Complete legal name required.)	<input type="checkbox"/> Primary Beneficiary OR <input type="checkbox"/> Contingent Beneficiary**	Percentage*
	Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)
	Beneficiary Name and Address (Complete legal name required.)	<input type="checkbox"/> Primary Beneficiary OR <input type="checkbox"/> Contingent Beneficiary**	Percentage*
	Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)

Signatures	Unless otherwise noted:	
	<ul style="list-style-type: none"> Subject to the terms of my Employer's Plan, I request that any sum becoming due upon my death be payable to the Beneficiary(ies) designated above. I understand this designation will supercede all prior Beneficiary designations made by me under my Employer's Plan. If more than one Beneficiary is designated, payment will be made in the percentages designated (or in equal shares) to the Primary Beneficiaries who survive the Participant or, if none survive the Participant, payment will be made in the percentages designated (or in equal shares) to the Contingent Beneficiaries who survive the Participant. If a percentage is not designated, it will be assumed that you wish the value of your Plan Account to be split equally among all Designated Beneficiaries. If no Beneficiary survives the Participant, payment will be made pursuant to the terms of the Plan. 	
	Signed in (City/Town and State)	Date of Participant Signature (required) (mm/dd/yyyy)
	Participant Name (Please print.)	Witness Name (Please print.)
Participant Signature (required)	Witness Signature (See instructions.)	



Beneficiary Designation Instructions

ING Life Insurance and Annuity Company
 PO Box 990063
 Hartford, CT 06199-0063
 Telephone: 800-584-6001
 Fax: 800-643-8143

ING Life Insurance and Annuity Company will be defined as "the Company," "we," "us," or "our" in this document.

Good Order	Good Order is receipt at our designated location of this form accurately completed, and must include the date and signature of you, the Participant. If this form is not received in Good Order, as determined by us, it may be returned to you for correction and processed upon resubmission in Good Order at our designated location.
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Instructions for completing the Beneficiary Designation	<ol style="list-style-type: none"> 1. Participant's signature should be witnessed. The witness need not be a Notary Public. Note: A person designated as a Beneficiary should not act as a witness. 2. Please indicate your full legal name and the full legal name of each designated Beneficiary(ies). <ul style="list-style-type: none"> • A married woman should be indicated by her own given name, not that of her husband. Example: Mary N. Jones, not Mrs. John R. Jones. • Do not designate a Beneficiary by relationship or class (e.g., <i>my children</i>). Each Beneficiary must be specifically named. 3. If more than one Beneficiary is designated, payment will be made in the percentages designated (<i>or in equal shares</i>) to the Primary Beneficiaries who survive the Participant, or if none survive the Participant, payment will be made in the percentages designated (<i>or in equal shares</i>) to the Contingent Beneficiaries who survive the Participant. 4. Your Beneficiary data will be administered based on the Right of Survivorship, unless otherwise provided by your Employer's Plan. This means that, in order to receive a death benefit a Beneficiary must be living. For example, if you named three equal Primary Beneficiaries and one were to predecease you, the surviving Beneficiaries would receive the full value of your Plan account (<i>i.e., 50% to each living Beneficiary</i>). 5. If there are no surviving Primary or Contingent Beneficiaries, payment will be made pursuant to terms of the Plan. 6. All designations must be in whole percentages. See the 2nd example below for an odd-numbered Beneficiary Designation. Total percentage must equal 100% for Primary Beneficiary and 100% for Contingent Beneficiary (<i>if designated</i>). 7. If you need further assistance, please contact one of our customer service associates at the number above. 8. Please keep a copy for your records. Mail the original to the address shown on this form.
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Common Beneficiary Designations	Type of Beneficiary	Examples of Designation(s)
	One Beneficiary	Mary R. Jones, Spouse, 100% Primary
	Two or more Beneficiaries All designations must be in whole percentages.	Mary R. Jones, Spouse, 34% Primary Eric A. Jones, Jr., Child, 33% Primary Kevin R. Jones, Child, 33% Primary
	Primary and Contingent Beneficiaries	Mary R. Jones, Spouse, 100% Primary Eric A. Jones, Jr., Child, 50% Contingent Kevin R. Jones, Child, 50% Contingent
	Participant's Estate	Participant's Estate
	Trustee	John Doe, Trustee under trust agreement* dated . . . * IRS Regulations apply when a trust is named as Beneficiary. We will forward further information and instructions to you if this situation is applicable.