

SEBAC ARP GRIEVANCE AWARD**Option to Transfer from the Alternate Retirement Program to the State Employees Retirement System TIER II/TIER IIA Plan or Hybrid Plan**STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

CO-994a revised 9/2018

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Employee Instructions:

If you wish to make the irrevocable election to transfer from ARP to the SERS Tier II/Tier IIA Plan or SERS Hybrid Plan, complete Sections I thru VI of this form, take the necessary action to transfer all ARP funds that will be used to complete your purchase to the ARP Transition Fund and attach a current statement of that account. If you have encumbered funds* on deposit with TIAA you must also complete Form CO-995 Application for Use of Encumbered Funds for Tier II/Tier IIA or Hybrid Plan transfer and if you have not already done so, contact TIAA to complete the necessary form to begin transferring these monies to the ARP Transition Fund. You must attach a copy of the information packet provided to you by TIAA following your submission of the "TIAA Transfer to Another Investment Company, Transfer Payout Annuity" with this form.

*Encumbered funds are those funds in the TIAA Fixed Traditional Account

The completed form and all required documentation should be forwarded to:
Retirement Services Division, 55 Elm Street, Hartford, CT 06106

The agency should retain one copy and provide one copy to employee.

I. EMPLOYEE PERSONAL INFORMATION

EMPLOYEE NAME (Last)	First Name	M.I.	EMPLOYEE NO.	LAST 4 DIGITS OF SOC. SEC. #	DATE OF BIRTH
EMPLOYEE'S HOME ADDRESS (Street No., Name) (City, State, Zip Code)					MALE FEMALE <input type="checkbox"/> <input type="checkbox"/>
MARITAL STATUS: MARRIED <input type="checkbox"/>	SINGLE <input type="checkbox"/>	DATE OF MARRIAGE	NAME OF SPOUSE (Last)	First Name	M.I.

II. EMPLOYMENT INFORMATION

EMPLOYING AGENCY	AGENCY ADDRESS
EMPLOYMENT DATE	EMPLOYMENT STATUS Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>

III. MEMBER'S REQUEST TO TRANSFER STATEMENT

By completing and signing this section of the form, I hereby certify that I had the opportunity to review the provisions of the SERS Tier II/Tier IIA plan or SERS Hybrid plan and obtain an estimate of the cost to transfer my membership from ARP. By completing and signing this section of the form, I further acknowledge that this is a one-time election and that **my choice to transfer to this plan is irrevocable**, that is, I must remain in the newly elected SERS plan throughout my entire employment with the State of Connecticut.

- TRANSFER TO TIER II or TIER IIA PLAN
- TRANSFER TO THE HYBRID PLAN
- PROSPECTIVE ONLY INTO TIER II OR TIER IIA
- PROSPECTIVE ONLY INTO THE HYBRID PLAN
- REMAINING IN ARP (Please see Section VI)

EMPLOYEE'S SIGNATURE	PHONE	DATE
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Employee Name: _____

IV. AMOUNT OF SERVICE TO PURCHASE

- I have elected to purchase all of my eligible ARP service as limited by the funds I have available.
- I have elected a partial purchase and will purchase the following:
Years: _____ Months: _____

V. MEMBER'S ARP FUND INFORMATION

Order of funds to utilize: ARP, 403(b), and/or 457.

Encumbered funds can be used **ONLY** after all other funds are exhausted. **Encumbered funds are those funds in the TIAA Fixed Traditional Account*

Please check one:

- I have no encumbered funds* on deposit with TIAA and all my funds have been transferred to the ARP Transition Fund with Prudential.
- I have encumbered funds* with TIAA and have attached a completed Form CO-995 Application for Use of Encumbered Funds for SERS Tier II/IIA or Hybrid Plan Transfer in order to allocate those funds to SERS for the purchase of my past service credit; I have taken the necessary action to begin the transfer of these funds to the ARP Transition Fund with Prudential; Attached is a copy of the information packet provided to me by TIAA following their receipt of my request.
- I have encumbered funds* with TIAA but do not wish to use these funds for the purpose of my SERS Tier II/IIA or Hybrid Plan service purchase.

VI. ARP MEMBER'S WAIVER OF TRANSFER STATEMENT

By completing and signing this section of the form, I further acknowledge that this is a one-time irrevocable option and that **my choice to waive my right to transfer to the SERS Tier II/Tier IIA or SERS Hybrid plan is irrevocable**; that is, I must remain in ARP throughout my entire employment with the State of Connecticut.

EMPLOYEE'S SIGNATURE

DATE

VII. EMPLOYING AGENCY SECTION ONLY

Member to transfer to either Tier II or Tier IIA based on the initial date of hire. Members first hired on or before June 30, 1997 will be placed in Tier II. Members first hired on or after July 1, 1997 but before July 1, 2011 will be placed in Tier IIA. Members first hired between July 1, 2011 and July 1, 2012 will be placed in Tier III.

Please note: Tier placement is subject to permanent break rules.

Member is eligible for: SAG (Actively participating in ARP on 9/22/10) Hybrid (Actively participating in ARP between 1/1/09 and 7/1/12)

Member is eligible for: Tier II Tier IIA Tier III (Hybrid)

AUTHORIZED AGENCY SIGNATURE

DATE