

STATE UNIVERSITY of NEW YORK RETIREMENT PROGRAM
SUNY SCHENECTADY COUNTY COMMUNITY COLLEGE
Election Form

Name: _____

SS#: _____

Phone#: _____

This form must be submitted to the Office Human Resources of your college within 30 days of your initial date of eligible appointment.

Pursuant to law in connection with my employment by State University of New York, I hereby elect to participate in the retirement program specified below.

1. New York State Employees' Retirement System (NYSLRS - ERS)

2. New York State Teachers' Retirement System (TRS)

3. SUNY Optional Retirement Program (SUNY ORP)

A. TIAA

B. AIG

C. Fidelity

D. VOYA

4. Are you new to the retirement system you have selected? YES NO

5. Have you had **previous service** in one of the retirement systems above? YES NO

If so, please provide Membership Date, Membership Number, Tier and Agency/Institution) _____

6. Have you **retired** from one of the above retirement programs listed above? YES NO

If so, provide your retirement date and membership number)

7. I have been advised of my eligibility and elect to decline membership in a Retirement System (only for non-mandatory positions)

Signature: _____

Date: _____

Waive 366 waiting period for SUNY ORP: YES NO