

Contract College Retirement Plan

Election Form

Must be returned within 30 days of your appointment/hire date

PART A: CONTRACT COLLEGE RETIREMENT ELIGIBILITY (To be read by all contract college employees).

APPOINTMENT	PLAN ELIGIBILITY	PLAN PARTICIPATION
Regular Full-time Nonexempt	Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS) <i>only</i>	Mandatory
Regular Full-time Exempt	Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS) <i>or</i> State University of New York Optional Retirement Program (SUNY ORP)	Mandatory
Part-time or Temporary Nonexempt	Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS) <i>only</i>	Not Mandatory
Part-time or Temporary Exempt	Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS) <i>or</i> State University of New York Optional Retirement Program (SUNY ORP)	Not Mandatory
Seasonal	Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS) <i>only</i>	Not Mandatory

PART B: EMPLOYEE INFORMATION (Please print plainly or type).

Last Name	First Name	Title
Date of Birth	Social Security Number	E-Mail Address
Home Area Code and Telephone Number	Work Area Code and Telephone Number	
Home Address		
City	State	Zip Code

SOCIAL SECURITY DISCLOSURE REQUIREMENT: In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to Sections 11, 34, 311, and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in administration of the Retirement System.

You Must Complete Other Side

PART C: CONTRACT COLLEGE RETIREMENT ELECTION *(To be completed by all contract college employees).*

Having satisfied myself as to the desired retirement program available to me by or pursuant to law in connection with my employment by Cornell University, a contract college of the State University of New York, I hereby elect to participate in the:

() Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS)

() State University of New York Optional Retirement Program (SUNY ORP)

() I choose to waive my right to participate in a contract college retirement plan with the understanding that if participation becomes mandatory at a later date, I will be limited to enrollment in the Employees' Retirement System (ERS) with New York State and Local Retirement Systems (NYSLRS) except if I am a part-time employee who later receives a full-time exempt appointment, then I may elect to enroll in SUNY ORP at that time.

PART D: State University of New York Optional Retirement Program (SUNY ORP) *(To be completed by all contract college employees applying for membership to SUNY ORP to determine correct tier level and if vesting period is waived).*

Do you presently own a SUNY ORP or AIG, Fidelity Investments, TIAA, or Voya employer-sponsored, employer-funded retirement plan account? () Yes () No

If yes, who is the investment vendor and what is the contract number? _____

From what institution(s) were these contracts established? _____

Are you presently a member of the New York State Employees' Retirement System or the New York State Teachers' Retirement System? () Yes () No If yes, call HRSTC at (607) 255-3936 for more information.

Are you presently receiving a benefit from any public retirement system in New York State? () Yes () No

If yes, which system? _____

PART E: WAIVER *(To be read by all contract college employees electing to waive membership in a contract college retirement plan).*

I hereby waive my right and privilege to participate as a member in the Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS) or the State University of New York Optional Retirement Program (SUNY ORP). In exercising this waiver, I understand that: As a part-time, temporary, or seasonal employee on the payroll of the contract colleges at Cornell University, I am eligible to apply for membership to the Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS). Or, as an exempt employee with a part-time temporary or seasonal appointment on the payroll of the contract colleges at Cornell University, I am eligible to apply for membership to the SUNY ORP. As long as I remain part-time, temporary, or seasonal, and waive enrollment, I will not be subject to the employee retirement contribution obligation. In addition, I shall not be given retirement credit under the Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS) nor will employer contributions be made to the SUNY ORP. I understand that my employment will be subject to Social Security taxes (FICA) and, as a result, I will receive Social Security credit relating to this employment. I understand that if retirement plan participation becomes mandatory at a later date, I will be limited to enrollment in the Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS) except if I am a part-time or temporary nonexempt employee who later receives an exempt appointment, then I may elect to enroll in the SUNY ORP at that time. In exercising this waiver, I hereby expressly release and relieve Cornell University from any and all liability or responsibility for providing retirement or beneficiary benefits for me or any other person in respect of my earnings to which I have hereby waived my rights.

PART F: ACKNOWLEDGEMENT *(To be completed by all contract college employees).*

Employee Signature: _____ Date: _____

University Representative: _____ Date: _____