

DESIGNATION OF RETIREMENT PLAN ELECTION
Tier IV SDE Substitute Instructors first hired or rehired on or after 07/31/17

STATE OF CONNECTICUT
 OFFICE OF THE STATE COMPTROLLER
 RETIREMENT SERVICES DIVISION

CO-931(T4S) Rev. 12/2019

Tier 4S employees who do not elect to transfer to the Teachers Retirement System must remain in Tier 4S for their entire State career, including subsequent employment in agencies other than the State Department of Education. State employees who do not meet the requirements listed below may not be enrolled in Tier 4S.

This form must be completed by the employing agency in conjunction with the employee. Return completed and signed form 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

NEW EMPLOYEE
 (NO PRIOR STATE SERVICE) RE-EMPLOYED

I. EMPLOYEE PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	EMPLOYEE NO.	SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER MALE	FEMALE
						<input type="checkbox"/>	<input type="checkbox"/>

ADDRESS (Street No., Name) (City, State, Zip Code)

II. EMPLOYMENT INFORMATION

EMPLOYING AGENCY	RECORD NUMBER	AGENCY ADDRESS	
EMPLOYMENT DATE/EFFECTIVE DATE	BARG UNIT	CORE-CT JOB CODE	EMPLOYMENT STATUS
			Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
		TYPE STATUS	
		Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>	
		Durational <input type="checkbox"/> Intermittent <input type="checkbox"/>	

IS EMPLOYEE CURRENTLY EMPLOYED WITH ANOTHER STATE AGENCY? YES If YES, provide Agency Name
 NO

HAS EMPLOYEE WORKED FOR THE STATE BEFORE? YES If YES, provide Agency Name and termination date
 NO

III. RETIREMENT INFORMATION

State Employees Retirement System (SERS) Tier 4S

This is a governmental defined benefit plan, intended to be qualified under section 401(a) of the Internal Revenue Code. The employee contribution is 5% of your salary to the state's defined benefit plan and an additional 2% of your salary to a defined contribution plan. The state will contribute a 1% match to the to the defined contribution plan. Contributions are made on a pre-tax basis.

Upon obtaining an appropriate certificate of qualification issued by the State Board of Education, the Tier 4S member may elect membership in the Teachers' Retirement System (TRS) in lieu of remaining a member of SERS Tier 4S. The transfer option is offered one time only, and the member's choice is irrevocable.

State Statutes require that each State of Connecticut employee be covered by a retirement plan. This is a mandatory condition of employment. The following state employees - **and only these employees** - must be enrolled in Tier 4S:

A. New State Department of Education (SDE) Substitute Instructors Only (No Prior State Employment):

New Substitute Instructors hired by the SDE's Connecticut Technical Education & Career System (CTECS) automatically become members of Tier 4S. SDE Substitute Instructors who were first hired on or after July 31, 2017, and who are currently members of the SERS Tier IV plan, must be transferred to Tier 4S.

B. Employees with Prior State Service (Rehires):

Most employees with prior state service must rejoin the retirement plan in which the employees previously participated. However, an employee with prior state service must be enrolled in Tier 4S, **if (and only if) all of the following conditions apply:**

- the employee is **not** vested in any SERS plan of which he or she was previously a member;
- the employee was separated from state service before being hired as a substitute instructor;
- the period of the employee's separation from state service lasted **at least** (i) five years or (ii) the length of the period of the member's vesting service before the separation-whichever is **greater**; and
- the employee was hired as a substitute instructor in the CTECS on or after July 31, 2017.

EMPLOYEE'S SIGNATURE	EMPLOYEE NO.	DATE
AUTHORIZED AGENCY SIGNATURE (& TITLE)	PHONE	DATE

Forward completed form to: Retirement Services Division, 165 Capitol Avenue, Hartford, CT 06106. Agency should retain a copy and provide a copy to employee.

Please note that form CO-999 (Designation of Retirement Plan Beneficiary Form for Active/Inactive Members) must be submitted to add or change beneficiaries.