

Retirement Plan Acknowledgement Form

As a University of Arkansas employee, you are required by Arkansas law and University policy to participate in a retirement program. You must complete the required enrollment forms for one of the following plans during your first 31 days of employment:

- University of Arkansas Optional Retirement Plan (“UAORP”, a combination 403b/457b plan)
- Arkansas Public Employee Retirement System (“APERS”)

The decision as to which retirement plan you select is an important one. Once made, the decision is irrevocable. Depending on your situation – the level at which you make employee contributions, your age, your ultimate number of years of service with the University or another state agency, your potential earnings rate in a defined contribution plan, and other factors -- one plan may be better than the other. Your Human Resources Office has more information to help you decide, or you can contact the providers for the different plans using the contact information listed on the back of this form. Human Resources will assist you in completing the necessary enrollment forms for the plan you select.

All newly eligible employees of the University shall participate in the UAORP unless the employee elects not to participate in this plan. There is summary information on the back of this form describing some of the important provisions of each plan.

If you are retired and receiving benefits from Arkansas Teacher Retirement System (ARTRS) or Arkansas Public Employment Retirement System (APERS), OR if you are currently an employee of another state agency or institution and participate in ARTRS or APERS, these systems may limit your retirement participation to one plan only or may have return-to-work restrictions. Retirement without the required separation period, or current participation in more than one system, may affect your retirement benefits. You should contact ARTRS or APERS, as the case may be, concerning the effect of your employment on your retirement benefits.

Indicate below the retirement plan in which you wish to participate.

I have reviewed the information provided to me concerning my retirement plan choices with the University of Arkansas. I understand that I must choose a plan within 31 days of my employment in a benefits-eligible position. I understand that after the end of the 31-day period, my decision is irrevocable.

I elect to participate in the following plan:

- University of Arkansas Optional Retirement Plan (“UAORP”)**
- Arkansas Public Employee Retirement System (“APERS”)**

I acknowledge that if I do not elect one of the plans above, I will be enrolled in the UAORP.

Print Your Name

Your Signature

Social Security Number

Today’s Date