KPERS

KPERS-3BOR Rev. 4/12

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RETIREMENT PLAN ELECTION
FOR KANSAS BOARD OF REGENTS EMPLOYEES

■ **Important –** This form is for employees of the Kansas Board of Regents (KBOR) or an educational institution under its management and is in accordance with K.S.A. 74-4925(4). This election is **irrevocable**, and is only offered once to employees whose reclassification or transfer is permanent.

Employees: Complete Part B or C, whichever applies to your position, then return to your university's human resource/benefits office. This election is effective on the date of your reclassification or transfer. If you don't file this election form, you will automatically participate in the retirement plan provided by the position to which you are being reclassified or transferred.

Employers: Complete Part D. This form must be received by KPERS before the first day of the first complete payroll period after the effective date of the employee's reclassification or transfer.

■ **Contact Us – toll free**: 1-888-275-5737 • **phone**: 785-296-6166 • **fax**: 785-296-6638
e-mail: kpers@kpers.org • **web site**: www.kpers.org • **mail**: 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

■ Part A – Member Information

1. Social Security Number: _____-____-_____
2. Name (First, MI, Last):_____

■ Part B – KPERS/KP&F Member Election (in KPERS/KP&F now)

I am currently a member of the Kansas Public Employees Retirement System (KPERS) or the Kansas Police and Firemen's Retirement System (KP&F) and have been reclassified or transferred to a position eligible to participate in the Kansas Board of Regents Mandatory Retirement Plan.

Choose one:

1. ❒ I elect to continue my participation in KPERS/KP&F.
2. ❒ I elect to participate in the Kansas Board of Regents Mandatory Retirement Plan.

Employee Signature: _____ Month/Day/Year: _____/_____/_____

■ Part C – Board of Regents Mandatory Retirement Plan Participant Election (in KBOR now)

I am currently participating in the Kansas Board of Regents Mandatory Retirement Plan and have been reclassified or transferred to a position eligible for membership in KPERS/KP&F.

Choose one:

1. ❒ I elect to continue my participation with the Kansas Board of Regents Mandatory Retirement Plan.
2. ❒ I elect to participate in KPERS/KP&F.

Employee Signature: _____ Month/Day/Year: _____/_____/_____

■ Part D – Employer Certification – This section to be completed by your current employer.

1. Date of Reclassification or Transfer: _____
2. New Position Number:_____
3. Employer Name: _____
4. KPERS Employer Number: _____

Designated Agent Signature:_____ Month/Day/Year: _____/_____/_____