



Completed forms can be emailed to hrbenofc@uwyo.edu, or dropped off in HR.

I, _____, the undersigned, do hereby acknowledge that I have read this document in its entirety and understand the contents herein, and have been fully advised that:

1. As an employee of the University, I am eligible for retirement benefits under either the Wyoming Higher Retirement Act (Wyoming Statutes, 1977, 21-19-101 to 21-19-106) or the Wyoming Retirement System (Wyoming Statutes, 1977, 9-3-401 et seq).
2. Pursuant to the above-mentioned Wyoming Statutes, the University of Wyoming is authorized to offer its employees the following options:

A. All contributions may be paid entirely in the Wyoming Retirement System.

B. All contributions may be paid entirely into the TIAA Annuity Plan.

3. The election of a retirement plan is irrevocable during the remainder of an employee's working career as a public employee (Wyoming Statutes, 21-19-102(d)).

NOW, THEREFORE, in consideration of the above, I elect as follows:

My employee and employer contributions shall be paid into

_____ (choose Option A or B above)

☐ **LAW ENFORCEMENT ONLY**

By checking this box, I am making notification that I will be working as a law enforcement officer as defined by Wyoming Statute 9-3-402.

Signature (required)

Date

Social Security Number

PLEASE NOTE

If Option A is chosen, the employee will be contacted via the UW e-mail address with instructions for designating a beneficiary.

If Option B is chosen, the TIAA Enrollment Form must be completed online at <https://www.tiaa.org/public/tcm/wyoming>.