IMPORTANT BENEFITS NOTICE
FOR NEW HIRES

Employees with a continuous, regular appointment of at least six months who work at least 30 hours per week (.75 FTE) are eligible for insurance benefits and must enroll within 30 days of hire. In addition, employees with a continuous, regular appointment of at least six months who work at least 20 hours or more per week (.50 FTE to 1.00 FTE) must make an irrevocable decision about retirement within the first 30 days of hire. All employees, including student and temporary employees, are eligible to participate in the voluntary retirement programs. You can learn more about participation in the 457(b) Deferred Compensation Plan, 403(b) Supplemental Tax-Deferred Annuity, and the Roth 403(b) program, by contacting your Human Resources office.

What should I do to enroll? Your hiring official should schedule a benefits enrollment session with OSU Human Resources, (405) 744-5449, on the Stillwater campus, within the first week of hire. You will want to verify the time and location of your enrollment meeting with your supervisor. The enrollment session lasts approximately three hours. During this session, Benefits staff presents highlights of the benefit programs and assists employees with completion of enrollment forms. You are encouraged to view your benefit options at http://hr.okstate.edu/benefits/newemp prior to the enrollment session so that you will be better prepared to make informed choices. Insurance plan decisions are made and forms are usually turned in during the enrollment session.

May my spouse attend the enrollment session? Spouses are welcome. However, space is limited, so a reservation for the spouse should be made when the appointment is scheduled. Your spouse can also view benefit information online at http://hr.okstate.edu/benefits/newemp.

What happens if I fail to enroll in the insurance plans within the first 30 days of hire? You lose the opportunity to enroll in the health care plan of your choice until the next Annual Benefits Enrollment Period. You also lose the opportunity to participate in the optional dental and vision plans until the next Annual Benefits Enrollment Period. In addition, you will not be able to cover family members in the health care plan until the next Annual Benefits Enrollment Period. Late enrollment in other benefit programs can also have serious consequences, such as coverage limitations (dental) or proof of insurability requirements (life and long-term disability).

What happens if I fail to make my retirement election within the first 30 days of hire? State law requires OSU enroll employees working .50 FTE or greater into the Oklahoma Teachers’ Retirement System if an election is not made within 30 days of the benefits eligibility date. Employees working .50 to .74 FTE are required to pay the contribution. OSU pays the contribution on employees working .75 FTE or greater. You will never be allowed to participate in the Alternate Retirement Plan (TIAA-CREF) if you fail to make a timely election.

When will my coverage become effective? All insurance benefits become effective the first of the month following your hire date even if the first day of a month is your hire date. Remember, you must enroll within 30 days of hire.

What do I need to bring to the enrollment session? Names, dates of birth, social security numbers, and supporting documentation (i.e. birth certificate, federal tax return, marriage license, divorce decree, custody agreements, adoption, or guardianships) of family members to be insured and persons named as beneficiaries.
How do I find out about withholdings from my pay and other personal information? You may view any of your personal information, benefit enrollments, and payroll information on Self Service Banner, https://my.okstate.edu. As soon as you are given access to OSU systems, you can access Self Service Banner. In order to protect your privacy, OSU assigns all new employees a campus-wide identification number (CWID) that will be used in place of your social security number in all university systems. You can access your CWID in your personal information on Self Service.

How do I obtain an OSU Employee Identification Card? Within 24 hours after Payroll Services receives an Electronic Personnel Action form (from your department), your information will be input into the Human Resources System. After your information is in the system, ID Card Services, 113 Math Science, can produce your OSU ID.

How can I save for retirement? OSU offers three voluntary retirement programs that give all employees, including student and temporary employees, the opportunity to set aside money toward retirement. You decide how much money to contribute within the guidelines for each program. These contributions will be deducted from your paycheck and remitted to TIAA. Information about the 457(b) Deferred Compensation Plan, 403(b) Supplemental Tax-Deferred Annuity, and the Roth 403(b), can be found at http://hr.okstate.edu/benefits/vrp.htm.

Reminder of Deadlines

You have 30 days from date of hire to enroll in the insurance programs, and to make an irrevocable election for your retirement plan.

OSU Human Resources developed this information for the convenience of OSU employees. It is a brief interpretation of more detailed and complex materials. If further clarification is needed, the actual law, policy and contract should be consulted as the authoritative source. OSU continually monitors benefits, policy and procedures and reserves the right to change, modify, amend, or terminate benefit programs at any time.
2017 OSU HEALTHCARE AND FLEX
ENROLLMENT/CHANGE FORM

EMPLOYEE INFORMATION – Please Print

Campus Wide ID: ___________________________ Social Security #: ___________________________ Gender: M F
Employee Name: ___________________________ Married □ Single □ Divorced □ Widowed □ Common Law
Home Telephone: ___________________________ Campus Telephone: ___________________________
Mailing Address: _______________________________________________________________________
City: ___________________________ State: ________ Zip: ___________________________ Email: ___________________________
Birth Date: __/__/____ Date of Hire __/__/____ Effective Date __/__/____

HEALTH PLAN - BLUECROSS BLUESHIELD

☐ Add ☐ Drop ☐ WAIVE (Waive form required)
☐ BlueOptions
☐ BlueEdge High Deductible

DENTAL PLAN – CIGNA DENTAL PPO

☐ Add ☐ Drop ☐ WAIVE
☐ Low Plan (no orthodontia)
☐ High Plan (orthodontia/TMJ)

VISION PLAN - EYEMED

☐ Add ☐ Drop ☐ WAIVE
☐ EyeMed

FLEXIBLE BENEFITS

The maximum employee contribution for a health flexible spending account is $2,600. Maximum Dependent Care Account contributions are $5,000 per household. Health, dental and vision premiums paid by the employee are tax-sheltered.

Employee Contribution to Dependent Care (DCA)
$_________ Amount per month ☐ # of months $_________ Goal thru 12/31
Employee Contribution to Flexible Spending Account (FSA)
$_________ Amount per month ☐ # of months $_________ Goal thru 12/31 $_________ OSU Contribution
<table>
<thead>
<tr>
<th>SPouse:</th>
<th>Name: ____________________________</th>
<th>SSN: ____________________________</th>
<th>ADD</th>
<th>DROP</th>
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<td>Address ☐ (Check if same as employee):</td>
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<td>Address ☐ (Check if same as employee):</td>
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<td></td>
<td>Gender: M  F</td>
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**CERTIFICATION SIGNATURES**

- I authorize my employer to deduct from my pay the premium, if any, for the elected coverage. I understand that in the event in which I do not receive pay, premiums will be billed to my bursar account and are subject to cancellation for non-pay.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand that any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime.
- I understand that coverage will begin the first of the month following my eligibility.
- I understand my coverage begins the first of the month following the completion and return of this form if a change is requested mid-year.

**EMPLOYEE SIGNATURE:** ____________________________ **DATE:** ____________________________

If this is a mid-year change request please complete the Section 125 form to identify the qualifying event.
BlueCross BlueShield
You may decline BlueCross BlueShield health coverage if you have other verifiable group health coverage. You will be asked to provide proof of your coverage on the Waive OSU Employee Health Insurance form. If you lose other verifiable group health coverage, you are required to notify Employee Services within 30 days of the change.

Health Savings Accounts
Employees must be enrolled in the BlueEdge High Deductible plan to participate in an HSA. Employees enrolled in “employee-only coverage” will receive $83.34 per month in employer contribution to their HSA account. Employer contributions must be included in the annual individual maximum. Employees with dependent coverage will receive $125 per month employer contribution to their HSA. HSA annual maximums are $3,400 for individual or $6,750 for family in 2017. $1,000 catch up allowed for those age 55 and over.

You are not eligible to participate in an HSA if:*  
- you are covered by Medicare (Part A and/or Part B); or  
- you are claimed as a dependent on a tax return, or  
- you are covered by another health plan that is not a high deductible plan

Changing or adding coverage for yourself and your dependents:
Mid-Year Changes: To be eligible to add, drop, or change coverage on yourself and/or your dependents subsequent to your initial employment (other than the Annual Benefit Enrollment period), you must have experienced a Qualifying Event. You must make your elections, sign the form, attach supporting documentation, and submit forms within 30 days of the Qualifying Event.

Allowable Mid-Year Changes Within Plan Guidelines Include:
- Change in your legal marital status (common-law changes can only be made during annual enrollment or with legal divorce);  
- Change in your number of dependents;  
- Change in your, or your dependents employment status that directly effects eligibility;  
- An event that causes your dependent to satisfy, or cease to satisfy eligibility requirements (over age limit, etc.);  
- Changes in your, or your dependents, place of residence that directly effects DMO availability;  
- Leaving on or returning from FMLA Leave, Leave Without Pay, USERRA Leave, Disability Leave.

Changes that do not fall into the above categories are generally not allowed except during the Annual Benefits Enrollment period. If in doubt as to whether you qualify for a change, please contact your Insurance Coordinator. Your dependents are not eligible for any coverage in which you are not enrolled.
Health Savings Account (HSA) Acknowledgement

How to open your account
1. Access online registration at, www.mybenefitwallet.com

2. Choose “First Time User” and complete the requested information.

3. Look for a welcome letter in the mail at your home address. Do not throw this envelope away. Complete the Master Signature Card, designate account beneficiaries, and request a checkbook. Return the card to BenefitWallet.

4. Within four to seven business days of account activation, BenefitWallet will mail you a debit card. Debit cards and checkbooks are mailed in generic envelopes.

Important Information
- An HSA is a pre-tax savings account designated for qualified medical expenses. An HSA allows you to pay qualified medical expenses now, as well as save for future qualified medical expenses.
- The account has a $2.25 monthly fee for balances under $3,000.
- You have the opportunity to invest your HSA balance once it reaches $1,000 for a $2.90 monthly fee.
- The entire fee schedule is listed at http://hr.okstate.edu/sites/default/files/docfiles/BenefitWallet%20Fees.pdf.
- Unused funds roll over from year to year. There is no “use it or lose” rule. The money in your HSA is yours, regardless if you retire or separate from the University.
- 2016 HSA maximum contributions for an employee-only account per year is $3,350 or $6,750 for family coverage (must include any employer contributions). Employees age 55 or older elect an additional $1,000 catch-up contribution.
- Per IRS regulations, you cannot have an HSA and FSA within the same calendar year.
- If you are enrolled in Medicare Part A and/or Part B, you cannot participate in an HSA.
- Refer to FAQs at www.mybenefitwallet.com.

Please check the applicable box(es):
- [ ] BlueEdge, Employee only coverage, OSU Contribution: $83.34 per month; Family Coverage, OSU Contribution $125.00 per month
- [ ] BlueEdge, Employee Contribution: $________________ per month
- [ ] STOP OSU and/or Employee Contribution Effective: __________________________
  (circle one (or both if stopping for reasons relating to HSA governing rules, i.e, enrolled in Medicare))

In order to receive employer contributions or make employee contributions, I understand that I must open my Health Savings Account with BenefitWallet. Contributions will begin effective the month following the opening of my account. If enrolled in Medicare Part A and/or B, I cannot participate in HSA. I understand that if I enroll in Medicare Part A and/or Part B, it is my responsibility to notify my employer to cease all further employee and/or employer contributions.

Employee signature ____________________________ Date ____________

Employee name ____________________________ CWID ____________

Account Opened: ________________ Effective Date: ________________
**TOBACCO AFFIDAVIT FOR OSU EMPLOYEES**

Please Complete (Print):

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle Initial</th>
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<table>
<thead>
<tr>
<th>Home Address (Street Address/City/State/Zip)</th>
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<table>
<thead>
<tr>
<th>CWID</th>
<th>Home Phone</th>
<th>Work Phone</th>
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As part of OSU's Tobacco-free Workplace Initiative and to encourage the wellness of our employees, a tobacco-free incentive will be made available to employees which will reduce the cost of health coverage contributions of the employee.

A tobacco user is defined as a person who has smoked or used any tobacco products, such as cigarettes, cigars, smokeless tobacco products, e-cigarettes and/or vapors in the last 90 days*. If you have used tobacco products within the last 90 days* you may still check the "No" box below, but ONLY if you meet the definition of tobacco user and have a medical condition which made it inadvisable to quit using tobacco products 90 days* before the effective date of coverage.

**PLEASE PLACE AN "X" IN THE BOX THAT DESCRIBES YOUR TOBACCO USAGE.**

**Yes, Tobacco User**

[ ] By electing this option, you are affirming that you are a tobacco user.

**No, Non-Tobacco User**

[ ] By electing this option, you are affirming that you do not use tobacco products.

**Have completed a tobacco cessation program**

[ ] By electing this option, you are affirming that you have completed a tobacco cessation program. Please provide date of completion: _______________

Employee's Signature: ___________________________________________ Date: __________________________

*I certify that the above information is true and correct. Falsification of University documents may result in corrective action, up to and including termination of employment; and/or demand of appropriate unpaid past premiums.*
Basic Employee Life/AD&D
Employee Only—Basic Life Insurance and Accidental Death and Dismemberment is OSU&/A&M System-provided (two times annualized salary not to exceed $200,000)

Supplemental Employee Life Insurance
☐ ADD  ☐ DROP  ☐ WAIVE
☐ I am currently enrolling in or have supplemental guaranteed issued (GI) life coverage of: ___ ____, ___ ____ ($10,000 Increments)
☐ I am applying for supplemental life by EOI of: ___ ____, ___ ____ ($10,000 Increments)
The maximum GI limit for Employee Supplemental Life Insurance is two times the annualized salary or $300,000, whichever is less. When you are first eligible for supplemental life coverage, you can elect this maximum GI without evidence of insurability. At each annual enrollment, you can elect to increase supplemental life coverage by 4 increments of $10,000 (total coverage not to exceed the maximum GI limit) without EOI. Total supplemental life coverage, up to five times the annualized salary not to exceed $750,000, is available if you complete an Evidence of Insurability form online. Liberty Mutual processes the form and additional coverage is effective after approved.

Maximum: $____ ____, _____ ___ (for OSU Benefits Use only)

Supplemental Spouse Life Insurance
☐ ADD  ☐ DROP  ☐ WAIVE
☐ I am currently enrolling in or have supplemental life GI coverage of: ___ ____, ___ ____ ($10,000 Increments)
☐ I am applying for additional supplemental life by EOI of: ___ ____, ___ ____ ($10,000 Increments)
A spouse cannot be added for Supplemental Life Insurance if the spouse is also a benefit eligible employee of OSU. The maximum GI limit for Spouse Supplemental Life Insurance is one times the annualized salary or $130,000, whichever is less. When initially eligible for spouse coverage, you can elect coverage in $10,000 increments without an EOI up to one times your annual earnings not to exceed $130,000. At each annual enrollment, you can elect to increase spouse supplemental life coverage by $10,000 not to exceed the maximum GI limit. At all other times, an Evidence of Insurability form must be completed online. Liberty Mutual processes the form and coverage is effective after approved. Spouse coverage cannot exceed the maximum limit of $380,000.

SPOUSE:  Name: _________________________________  SSN: ________ - _______ - _________
Date of Birth: ___ ___ / ___ ___ / _____ ___
Gender: M  F

Maximum: $____ ____, _____ ___ (for OSU Benefits Use only)

Supplemental Dependent Child(ren) Life Insurance
When initially eligible for Dependent Child(ren) Supplemental Life Insurance, you can elect coverage. From birth to 14 days, the benefit amount is $100. From 14 days to 6 months, the benefit amount is $1,000. Children can be covered from birth to age 26. If a full-time student, dependent children may continue to be covered.

☐ ADD  ☐ DROP  ☐ WAIVE

Elected Amount:
☐ $ 2,500 for each eligible dependent child
☐ $ 5,000 for each eligible dependent child
☐ $ 7,500 for each eligible dependent child
☐ $10,000 for each eligible dependent child
Beneficiary Information for Employee Life Coverage

Please list your beneficiary information below. Beneficiary for Basic Employee and Employee Supplemental Life can be different. Life proceeds will be split equally among beneficiaries listed, unless otherwise designated.

*Note: The employee is the beneficiary for spouse or children insurance coverage, if applicable.*

### Primary Beneficiary

<table>
<thead>
<tr>
<th>(Last Name, First, Middle Initial)</th>
<th>Address (Street, City, State &amp; Zip)</th>
<th>Relationship</th>
<th>Benefit % (MUST total 100%)*</th>
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### Contingent Beneficiary

<table>
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<tr>
<th>(Last Name, First, Middle Initial)</th>
<th>Address (Street, City, State &amp; Zip)</th>
<th>Relationship</th>
<th>Benefit % (MUST total 100%)*</th>
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### 2017 Long-Term Disability (LTD)

Long-Term Disability coverage is employee-paid.

Proof of Insurability is required if enrolling after 30 days from initial benefits eligibility.

#### LTD Election:

- □ 60%
- □ Waive/Cancel

READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW

- I authorize my employer to deduct from my pay the premium, if any, for the elected coverage. I understand that in the event in which I do not receive pay, premiums will be billed to my bursar account and are subject to cancellation for non-pay.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand that any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime.
- I understand that coverage will begin the first of the month following my eligibility.
- I understand my coverage begins the first of the month following the completion and return of this form if a change is requested mid-year.
- If evidence of insurability is required, coverage will begin the first of the month following approval by the appropriate Insurance Underwriter.

**EMPLOYEE SIGNATURE:** ____________________________ **DATE:** ________________

### Office Use Only

<table>
<thead>
<tr>
<th>Employee’s Annualized Salary</th>
<th>EOI Required</th>
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<tbody>
<tr>
<td>Employee $___________</td>
<td>Employee $___________</td>
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<tr>
<td>Spouse $___________</td>
<td>Spouse $___________</td>
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<tr>
<th>Eligibility for Coverage Confirmed</th>
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<tr>
<td>By:</td>
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<td>By:</td>
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<td>Date:</td>
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Revised Fall 2014
Irrevocable Election Agreement to Participate
In The Oklahoma Teachers’ Retirement System or
The Alternate Retirement Plan for Oklahoma State University

THIS Agreement is entered into this ____ day of ______________, 20___, between Oklahoma State
University (the “University”) and you, _______________________________ (the “Eligible Employee”), to
enable you to make a one-time irrevocable election with respect to participation in the Oklahoma State
University Alternate Retirement Plan (the “Alternate Plan”) or the Oklahoma Teachers’ Retirement System
(“OTRS”) as discussed below.

1. Eligible Employee. The University has determined that you are an Eligible Employee as defined in
the Alternate Retirement Plan Act for Comprehensive Universities (the “Act”). As an Eligible Employee, you
are required to make a one-time irrevocable election within 30 days of your initial date of eligibility with the
University to elect to be a participant in the Alternate Plan or a participant in OTRS. Your election, once made,
may never be revoked and will be binding on you and the University.

2. Information Provided. Along with this Agreement, the University is providing to you information
which will enable you to make an informed decision as to whether you should elect to be a participant in the
Alternate Plan or OTRS, and you have the opportunity to request additional information. You may wish to
consult with your financial advisor, attorney, or accountant as to the implications of electing to participate in
the Alternate Plan or OTRS.

3. Alternate Plan. The Alternate Plan is a defined contribution plan and is intended to meet the
qualification requirements of Section 401(a) of the Internal Revenue Code of 1986. The University will make
contributions each year to your account in the Alternate Plan. You will have the ability to direct the
investment of your account among the Alternate Plan’s selected investment options. The benefits to be
provided through the Alternate Plan are not the obligations of the State of Oklahoma but are the obligation of
the University. The only benefit to be provided under the Alternate Plan is the vested portion of contributions
(and investment earnings thereon) made to the Alternate Plan by the University. All contributions by the
University are fully vested after two years of service with the University.

4. No Warranties or Representations. The University has provided you with information to allow you
to make an informed decision; however, the University may not advise you as to whether participation in
either the Alternate Plan or OTRS is best for you. You should make your decision as to whether participation
in the Alternate Plan or OTRS is best for you based upon various factors including, but not limited to, your age,
years of service, compensation, and requirements of post-retirement income. As is the case with all University
benefit plans and programs, the University reserves the right to amend, modify, or terminate the Alternate
Plan including reducing the amount of the University’s contribution to the Alternate Plan. The University has
the sole discretion to make all eligibility and benefit determinations with respect to the Alternate Plan.
Likewise, the State of Oklahoma has the sole discretion to make all eligibility and benefit determinations with
respect to OTRS. The University will contribute the current member contribution fee to OTRS for employees
who elect to participate in OTRS. However, any future changes to the current member contribution schedule
are not an automatic obligation of the University.
5. **Election to Participate.** Having had the opportunity to be fully informed with regard to the ramifications of electing to participate in either the Alternate Plan or OTRS, you must make the one-time irrevocable election. Regardless of changes in either Plan in the future, you will not be able to change this election.

- **Alternate Plan:** By checking this box, you elect to participate in the Alternate Plan, and understand that you will not be eligible to participate in OTRS.

- **OTRS:** By checking this box, you elect to participate in OTRS and understand that you will not be eligible to participate in the Alternate Plan.

**Failure to Make an Election.** If you fail to make an election in this Agreement within 30 days of your date of hire or initial eligibility, you will be enrolled to participate in OTRS and will not be eligible to participate in the Alternate Plan.

6. **Binding Effect.** Your election is irrevocable and binding upon you and the University. You also agree, depending upon which plan you elect, to be bound by the terms and provisions of the Alternate Plan or OTRS, as applicable.

Dated the day and year first above written.

________________________________________
(Signature of Eligible Employee)

By: ____________________________________
(Signature of Notary)

Printed Name: ____________________________

Date: ____________________________

Employee ID: ____________________________

My commission expires: ____________________

Telephone: ______________________________

Date of Birth: ____________________________

( SEAL )

30-Day Election Deadline Date: _____________

Return original form to OSU Human Resources, 106 Whitehurst, Stillwater, OK 74078
FOR OFFICE USE ONLY:

□ BI-WEEKLY  □ MONTHLY  EFFECTIVE DATE: ________________

<table>
<thead>
<tr>
<th>ELIGIBLE FOR OSU CONTRIBUTIONS</th>
<th>NOT ELIGIBLE FOR OSU CONTRIBUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>( .75 to 1.0 FTE)</td>
<td>( .5 to .74 FTE)</td>
</tr>
<tr>
<td>□ ARP without Funding Surcharge</td>
<td>□ ARP without Funding Surcharge</td>
</tr>
<tr>
<td>(Previously optional OTRS—Job Codes A-C-E-G, H, if 45 or over 45; Job Codes I-J-P-Q-R, regardless of age)</td>
<td>(Previously optional OTRS—Job Codes A-C-E-G, H, if 45 or over 45; Job Codes I-J-P-Q-R, regardless of age)</td>
</tr>
<tr>
<td>TIR</td>
<td>TIR – Exempt</td>
</tr>
<tr>
<td>□ ARP with 2.5% Funding Surcharge</td>
<td>□ ARP with 2.5% Funding Surcharge</td>
</tr>
<tr>
<td>(Previously mandated OTRS—Job Codes A-C-E-G, H, if under 45)</td>
<td>(Previously mandated OTRS—Job Codes A-C-E-G, H, if under 45; Job Code B: Visiting Fac in-state; Adjunct if in OTRS)</td>
</tr>
<tr>
<td>TIR, TRA</td>
<td>TIR – Exempt</td>
</tr>
<tr>
<td>□ OTRS Paid by OSU</td>
<td>□ OTRS Paid by Employee</td>
</tr>
<tr>
<td>(Job Codes A-C-E-G-I-J-P-Q-R, regardless of age)</td>
<td>(Job Codes A-B-C-E-G-I-J-P-Q-R, regardless of age)</td>
</tr>
<tr>
<td>TRA, TRR</td>
<td>TRA, TRR</td>
</tr>
</tbody>
</table>

Working Title: ________________________________________

NOTES: ________________________________________________

OTRS Personal Data Form attached: ______ yes ______ no
NOTES: ________________________________________________
PERSONAL DATA
Page 1 of 2

All data contained on the Personal Data form must match the data submitted electronically by the employer via monthly contribution reports.

Please designate the reason for completing this form:  □ New Member  □ Post Retirement Employment  □ Position Change
□ Dist. Transfer  □ Beneficiary Information  □ Address Change  □ Other______________________________

1. Social Security Number  Name of School District or Institution  County

2. Legal Name (All requests for change of name must include legal documentation [i.e. Marriage Certificate, Divorce Decree, etc.])

   (Last)  (First Given Name)  (Middle Given Name)  (Maiden Name)

3. Permanent Mailing Address (Address must match address on monthly contribution reports)

   [Address]

   (City)  |  (State)  |  (Zip Code)

4. Date of Birth

   (Month)  (Day)  (Year)  Place of Birth  (Town)  (County)  (State or Country)

5. Date of Employment  ______________  Position you will hold ________________________________

   Hours typically worked per week ______  Position’s total number of days worked per Fiscal* year ______

   * i.e. 260 days/year for most 12-month employees from July 1 – June 30.

6. a. Have you ever been a member of the Oklahoma Teachers Retirement System?

   □ Yes  □ No

b. Were you a member before starting this job?

   □ Yes  □ No

c. Have you withdrawn an account?

   □ Yes  □ No

   (Optional)

7. If the answer to questions No. 6.c. is “yes,” please complete the applicable columns listing most recent employment first.

   (School District, College or Agency)  (County)  (Year)  (Under What Name)  (Approximate Withdrawal Date)

I hereby declare and affirm, under penalty of perjury, that to the best of my knowledge and belief, all statements and answers as written or printed herein are full, complete, and true whether or not written by my own hand.

Signature of Member  ____________________________  Date  ______________

I certify the above-named employee meets the requirements for membership in the Oklahoma Teachers Retirement System.

Superintendent / Payroll Officer  ____________________________

TRS-110.1A  Page 1 of 2  06/15
All information (full name, date of birth, age, relationship and address of proposed beneficiary/beneficiaries) must be completed.

SECTION 1 – PRIMARY BENEFICIARY(IES): The sole beneficiary if living at the member’s death. If more than one beneficiary is named in this section, the interest of all beneficiaries shall be equal. Upon the death of any designated primary beneficiary, his/her interest shall pass to the surviving primary beneficiaries in equal share. If you have more than two primary beneficiaries, use a copy of this page.

1. I hereby designate
   First Name       Middle Name       Last Name       Date of Birth       Age
   ___________________________       ___________________________       ___________________________       __________       ______
   Relationship       Address

2. I hereby designate
   First Name       Middle Name       Last Name       Date of Birth       Age
   ___________________________       ___________________________       ___________________________       __________       ______
   Relationship       Address

as my primary beneficiary(ies) if living, or in the event of prior death of all primary beneficiaries, then payment is to be made to the contingent beneficiaries in Section 2.

SECTION 2 – CONTINGENT BENEFICIARY(IES): Does not share in the amount due if any of the primary beneficiaries are living at the member’s death. Payment will be made to the continent beneficiaries if all primary beneficiaries are deceased. If more than one contingent beneficiary is named, payment will be made in equal shares. Upon the death of a contingent beneficiary, his/her interest shall pass to the surviving contingent beneficiaries in equal shares. If you have more than two contingent beneficiaries, use a copy of this page.

1. I hereby designate
   First Name       Middle Name       Last Name       Date of Birth       Age
   ___________________________       ___________________________       ___________________________       __________       ______
   Relationship       Address

2. I hereby designate
   First Name       Middle Name       Last Name       Date of Birth       Age
   ___________________________       ___________________________       ___________________________       __________       ______
   Relationship       Address

3. I hereby designate
   First Name       Middle Name       Last Name       Date of Birth       Age
   ___________________________       ___________________________       ___________________________       __________       ______
   Relationship       Address

as my contingent beneficiary(ies) to receive the amount set forth in the Teachers Retirement Law in the event of my death. (Contingent beneficiaries do not share in the amount due if any of the primary beneficiaries are living at my death.)

Minor Beneficiary: Under Oklahoma law, if a minor child (younger than 18 years of age) is designated as beneficiary, it will be necessary that a guardian be appointed by the court before payment is made.

Revoking Previous Designation of Beneficiary: By this election, I hereby revoke all other former designations made by me and expressly reserve the right to make other and further changes at any time I may elect. If there is no designated beneficiary living at the time of my death, any amount due me shall be paid as provided by the Teachers Retirement Law.

____________________________________       __________
Signature       Date

(The signature must appear exactly as the name appears on the top of this form. Power of Attorney or Guardian signature is not valid unless accompanied by court order specifically authorizing the right to change beneficiaries.)
Smart steps today can lead to a more solid financial tomorrow

Take the right steps toward planning for a secure retirement. Enroll today.
It’s easier than ever to plan and save for retirement. Whether it’s years down the road or just around the corner, you can get started right now.

No matter where you are in life, TIAA focuses on you and your financial future
You’ll receive:
- Advice and guidance from experienced consultants, customized to your goals.
- Plan options that can meet your retirement needs.
- Online access to interactive tools and calculators to help plan for retirement.

Enrolling online is easy. All you need is:
- Your Social Security Number
- Your beneficiary’s Social Security Number, birth date and address, if possible
- Your selected investment allocations. Need information about your investment options? Please go to TIAA.org/okstate to view the menu.

Enroll online in just a few minutes:
1. Go to TIAA.org/okstate
2. Click Ready to Enroll choose your plan(s), and if you haven’t already, complete a salary reduction agreement, then select Begin Enrollment to be taken to the Welcome page.
   - If you are a first-time user: Click Register with TIAA to create your user ID and password.
   - If you are a returning user: Enter your TIAA user ID and click Log In.
3. Follow the prompts and print out the confirmation page. You are now enrolled.

Keep your retirement money working as hard as you do
The earlier your contributions start, the longer your money can work through the power of compounding. Compounding happens when earnings on your savings get reinvested to generate additional earnings. Over time, compounding can fuel the growth of your savings.
Smart steps today can lead to a more solid financial tomorrow

Advice and guidance from TIAA—at no additional cost
You don’t have to go it alone. A TIAA financial consultant can help you select a mix of investment options for your retirement savings goals and risk tolerance. To schedule a session, visit TIAA.org/schedulenow or call TIAA at 800-732-8353, weekdays, 7 a.m. to 7 p.m. (CT)

Your employer's retirement plan offers valuable benefits

Take advantage of:

- **Convenience**
  Contributions are automatically applied to your account.

- **Tax deferral**
  No taxes are taken on your contributions or their earnings, until you take money out of the plan.²

- **Diverse investments**
  You can build a portfolio of professionally managed investments suited to your personal goals and risk tolerance.

- **Pretax savings**
  If applicable to your plan, every dollar you save is on a pretax basis, which can reduce your current taxable income.

1. Social Security Administration, http://ssa.gov/pubs/10035.html#a0=1
2. Does not apply to Roth contributions. All withdrawals are subject to ordinary income tax. Withdrawals prior to age 59½ may be subject to an additional 10% penalty. Distributions from 403(b) plans before age 59½, severance from employment, death, or disability may be prohibited, limited, and/or subject to substantial tax penalties. Different restrictions may apply to other types of plans.

Investment, insurance and annuity products are not FDIC insured, are not bank guaranteed, are not insured by any federal government agency, are not a condition to any banking service or activity, and may lose value.

Investment products may be subject to market and other risk factors. See the applicable product literature, or visit TIAA.org for details.

You should consider the investment objectives, risks, charges and expenses carefully before investing. Please call 877-518-9161 or log on to TIAA.org for current product and fund prospectuses that contain this and other information. Please read the prospectuses carefully before investing.

TIAA-CREF Individual & Institutional Services, LLC, Teachers Personal Investors Services, Inc., and Nuveen Securities, LLC, Members FINRA and SIPC, distribute securities products. Annuity contracts and certificates are issued by Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF), New York, NY. Each is solely responsible for its own financial condition and contractual obligations.

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OSU/A&M RETIREMENT PROGRAM VOLUNTARY 403(b) AND 457(b) PLANS

SALARY REDUCTION AGREEMENT

<table>
<thead>
<tr>
<th>Employee Name: Last, First MI (PLEASE PRINT)</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CWID #</th>
<th>Reason for completing form:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New Participant</td>
</tr>
<tr>
<td></td>
<td>Changing Contribution</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone #:</th>
<th>Campus Phone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As an employee of OSU/A&M System (Connors State College, Langston University, Northeastern Oklahoma A&M College, Oklahoma Panhandle State University or Oklahoma State University), you may contribute a portion of your compensation to the OSU/A&M Voluntary Section 403(b) and/or 457(b) Contribution Plan(s). The amount that you choose to defer shall not exceed the applicable limitations of Internal Revenue Code Sections 415, 402(g) and 414(v), whichever is less, as applicable. Amounts contributed will be invested with TIAA-CREF. You select among the available investment options.

The minimum contribution is $15.00 per month. The maximum contribution limit for calendar year 2015 and 2016 is $18,000 for each plan. However, if you are at least age 50 (on December 31 of the year of your election), a $6,000 “catch up” allowance provides that you may contribute up to $24,000 for calendar year 2015 and 2016 for each plan. The 403(b) and 457(b) maximum limits are subject to you having enough eligible annual compensation to contribute at the limit. If you contribute to a non-OSU/A&M 403(b) and/or 457(b) plan or another qualified retirement plan during the same calendar year, you should consult your tax advisor regarding the overall limits that apply in your individual circumstances.

This Agreement may become effective on the following: (i) the first day of the month following receipt of this executed form by your local Human Resources office or (ii) the first day of a future month specified by you. This Agreement supersedes and replaces any previously submitted Agreement for this plan, and shall remain in effect unless revoked or modified in writing.

**COMPENSATION DEFERRAL ELECTIONS**

<table>
<thead>
<tr>
<th>403(b) Plan (Pre-tax contributions)</th>
<th>Roth 403(b) Plan (Post-tax contributions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$____________________Amount per month</td>
<td>$____________________Amount per month</td>
</tr>
<tr>
<td>$____________________Annual Goal amount</td>
<td>$____________________Annual Goal amount</td>
</tr>
<tr>
<td>□ Stop 403(b) (pre-tax) deduction</td>
<td>□ Stop 403(b) (post-tax) deduction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>457(b) Plan (Pre-tax contributions)</th>
<th>Total Pre-Tax 403(b) plus Roth 403(b) Amounts, if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>$____________________Amount per month</td>
<td>$____________________Total Monthly Amount</td>
</tr>
<tr>
<td>$____________________Annual Goal amount</td>
<td>$____________________Total Annual Goal Amount</td>
</tr>
<tr>
<td>□ Stop 457(b) (pre-tax) deduction</td>
<td></td>
</tr>
</tbody>
</table>

Note: Combined 403(b) and Roth 403(b) contributions cannot exceed annual maximum limit for 403(b) plan contributions. If deductions reach the maximum amount within the calendar year, OSU/A&M will stop payroll deductions until January 1 of the following calendar year. Your election will remain in force until you change it, no longer meet eligibility requirements, or no longer meet minimum pay requirements.

After a review of the materials provided by TIAA-CREF and OSU/A&M, I elect to participate in the 403(b) and/or the 457(b) plan. I understand that this Salary Reduction Agreement does not establish an account with TIAA-CREF and that I must set up an account via www.tiaa-cref.org/okstate.

**Effective Date:** date for requested change to take effect*: ____ / ____ / ____

*The effective date must be the first day of the following month this form is received by your local Human Resources office, or the first day of a subsequent month.

Employee Signature: ______________________________________ Date: __________________________
INSTRUCTIONS

1. Type or print your name, date of birth, CWID #, reason for completing form, home phone number and campus phone number.

2. Enter amount you want reduced from your paycheck each month and your goal for the calendar year for one or more of the three Plans. If you are canceling contributions you need to mark the box next to “Stop SRA Deduction” and enter the last day of the month in which you will have a payroll deduction.

3. Enter the effective date of the election (must be the first day of a month). The OSU/A&M 403(b)/457(b) Salary Reduction Agreement may become effective no earlier than the first day of the month following execution of the form and receipt by your local Human Resources office.

4. Sign and date the form.

5. Return the form to your local Human Resources Office.

6. Remember to open a 403(b) and/or 457(b) account with TIAA-CREF prior to your first monthly contribution or your employer may return the contributions to you and the salary reduction agreement will be canceled.

NOTE: Contributions will be taken twice a month for employees on the biweekly payroll. It is possible you will not reach your Annual Goal Amount should you miss a paycheck(s) during the year. An example of this situation could be if you were on leave-without-pay for an extended period of time. The amount entered on the “Amount per month” line should reflect a true monthly contribution.

Human Resources Use Only:

Current monthly amount $________________

Year to date goal amount $________________

New current year annual goal amount $________________
Advice and guidance from TIAA—at no additional cost

You don’t have to go it alone. A TIAA financial consultant can help you select a mix of investment options for your retirement savings goals and risk tolerance. To schedule a session, visit TIAA.org/schedulenow or call TIAA at 800-732-8353, weekdays, 7 a.m. to 7 p.m. (CT)

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  - Contributions are automatically applied to your account.

- **Tax deferral**
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- **Diverse investments**
  - You can build a portfolio of professionally managed investments suited to your personal goals and risk tolerance.

- **Pretax savings**
  - If applicable to your plan, every dollar you save is on a pretax basis, which can reduce your current taxable income.

---

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ACKNOWLEDGMENT OF RECEIPT OF ELECTION AGREEMENT
FOR OKLAHOMA STATE UNIVERSITY RETIREMENT
FOR AN ELIGIBLE EMPLOYEE

I, ________________________________ (the “Eligible Employee”), an employee of Oklahoma State University (the “University”) hereby acknowledge receipt of information related to my election to participate in either the Oklahoma State University Alternate Retirement Plan (the “Alternate Plan”) or the Oklahoma Teachers’ Retirement System (“OTRS”). I understand that I must make an affirmative election within 30 days of my date of eligibility with the University. I also understand that if I do not make an affirmative election to participate in the Alternate Plan, I will automatically participate in OTRS. I understand that my election, once made, may never be revoked and will be binding on the University and me.

I acknowledge that I have been given an Irrevocable Election Agreement for Oklahoma State University Retirement for an Eligible Employee. The University has presented to me information regarding the two retirement plans. This will enable me to make an informed decision as to whether I should elect to be a participant in the Alternate Plan or OTRS. I also have the opportunity to further review the following information:

- CD Presentation of OTRS and OSU Alternate Retirement Plans (also available on the web site at www.okstate.edu/osu_per/benefits/retinfo.html)
- ARP – TIAA Information Sheet
- OTRS Plan Summary

I have been advised that I may wish to consult with my financial advisor, attorney, or accountant as to the implications of electing to participate in the Alternate Plan or OTRS.

Executed this _________ day of _______________, 20_____ by the Eligible Employee and by the University.

_________________________________
Employee Signature

Employee CWID #:__________________

Telephone:________________________

FOR OFFICE USE ONLY

By:________________________________
Title:______________________________
Employee Date of Eligibility:_______
Election Due Date:_________________