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 (0.75 FTE) are eligible for insurance benefits and must enroll within 30 days of hire or date of initial eligibility. In addition, employees with a continuous, regular appointment of at least six months who work at least 20 hours or more per week (0.50 FTE to 1.00 FTE) must make an irrevocable decision about retirement within the first 30 days of hire or date of initial eligibility. 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 OSU Benefits.

What should I do to enroll? Your hiring official should schedule a benefits enrollment session with OSU Benefits, (405) 744-5449, on the Stillwater campus, within the first week of hire. Please verify the time and location of your enrollment meeting with your supervisor. The enrollment session lasts approximately three hours. During this session, Benefits staff highlight benefit offerings and assist employees with completion of enrollment. You are encouraged to view your benefit options at http://hr.okstate.edu/benefits/newemp prior to your enrollment session. Insurance plan decisions are made and enrollment is usually completed during the enrollment session.

May my spouse attend the enrollment session? Spouses are welcome. However, space is limited, so please make a reservation for your spouse when your 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 yourself and your family members in the health care plan of your choice until the next Open Benefits Enrollment period. You and your family will also lose the opportunity to participate in optional benefits such as dental and vision until the next Open 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 to enroll eligible employees working 0.50 FTE or greater into the Oklahoma Teachers’ Retirement System if an election is not made within 30 days of the benefits eligibility date. Employees enrolled in OTRS are required to pay the 7% total annual contribution on a pre-tax basis, calculated from your date of hire or eligibility. You will never be allowed to participate in the Alternate Retirement Plan (TIAA) 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 have 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) to 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 Banner.

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, 421 Classroom Building, can produce your OSU ID.

How can I utilize OSU provided defined contribution plans to 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. Two of the plans are pre-tax and one is an after-tax Roth plan. 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.
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 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. Benefits provided through the Alternate Plan are not the obligations of the State of Oklahoma but are the obligation of the University. The only benefit 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 credited 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.
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 you will not be eligible to participate in OTRS. You also understand there is a two-year vesting period based upon employment within a benefitted, continuous, regular position.

- **OTRS:** By checking this box, you elect to participate in OTRS and understand you will not be eligible to participate in the Alternate Plan. As a participant in OTRS, you understand you will be required to make employee contributions to OTRS of 7% of your total compensation, or the amount determined by OTRS, and this contribution will be deducted from your compensation on a pre-tax basis. If you become a participant in OTRS, you will be required to make your required employee contribution to OTRS calculated from your date of hire or initial eligibility with the University, and this amount will be deducted from your future paychecks.

**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. You will be required to make your required employee contribution to OTRS calculated from your date of hire or initial eligibility with the University, and this amount will be deducted from your future paychecks.

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.

_________________________________________  By: ____________________________
(Signature of Eligible Employee)  (Signature of Notary)

Printed Name: _____________________________
Employee ID: _____________________________
Employee ID: _____________________________
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>FULL-TIME EMPLOYEE CODING</th>
<th>PART-TIME EMPLOYEE CODING</th>
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<td>(.5 to .74 FTE)</td>
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<td>TIR-AR  STATUS Exempt</td>
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<tr>
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<td>TRN</td>
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</tbody>
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Working Title: _____________________________  OTRS Personal Data Form attached: ________yes ________no
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.

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)

(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

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 ___________________________
PERSONAL DATA Page 2 of 2
Oklahoma Teachers Retirement System Designation of Beneficiaries

Name ____________________________ SSN or OTRS Client ID ____________________________

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.)
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.
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.

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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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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: _____________________

OSU Human Resources