



Utah Retirement Systems  
 PO Box 1590  
 Salt Lake City, Utah 84110-1590  
 801-366-7318  
 800-753-7318  
 FAX 801-366-7759

## HIGHER EDUCATION ELECTION TO CONTINUE PARTICIPATION Utah Public Employees' Retirement System

Employees who have participated in a Utah Public Employees' Retirement System who are now hired in a position not classified as covered by URS *must complete* this form within 30 days of employment.

**EMPLOYER INSTRUCTIONS:** Complete Section A, sign, and photocopy the completed form for your records. Return the original to the employee to complete Section B. This document must be received by URS within 30 days of employment.

**EMPLOYEE INSTRUCTIONS:** Complete Section B, sign the form, and mail or fax it to URS.

<b>SECTION A - EMPLOYEE CLASSIFICATION INFORMATION (Please type or print clearly in black ink.)</b>			
Employee Position		Date of Classification	
Name of Employer and Employer Number			
Authorized Signature (required)		Phone Number - -	Date
<b>SECTION B - PARTICIPATION ELECTION (Please type or print clearly in black ink.)</b>			
Name (First, Middle, Last)		Social Security Number	
Mailing Address		Daytime Phone - -	
City	State	Zip	Home Phone - -
<p><b>Please mark the box that indicates your selection.</b></p> <p><input type="checkbox"/> Yes I request continued participation in the Utah Public Employees' Retirement System despite my employer's classification assignment. I acknowledge this is a one-time, irrevocable election and is contingent upon proof of prior service in a Utah Retirement System.</p> <p><input type="checkbox"/> No I do not wish to continue participation in the Utah Public Employees' Retirement System. I acknowledge this is a one-time, irrevocable election and I am waiving this opportunity. I wish to commence participation in the retirement plan designated for my current position, classification.</p>			
<b>YOUR SIGNATURE IS REQUIRED TO PROCESS THIS FORM</b>			
Employee Signature (required)			Date

**MAIL OR FAX THIS SIGNED FORM TO:**

**UTAH RETIREMENT SYSTEMS  
 P.O. BOX 1590  
 SALT LAKE CITY, UT 84110-1590  
 FAX 801-366-7759**

**To be completed and sent to URS within 30 days of employee starting  
 employment in a position classified for a retirement plan other than a URS plan.**