



# DECLARATION OF UNDERSTANDING ELECTION OF RETIREMENT PLAN

Retirement fax number | 480.993.0008

I, \_\_\_\_\_, have been advised that I have **thirty (30)** calendar days from my eligibility date in which I may select either the Arizona State Retirement Plan (ASRS) **OR** the Optional Retirement Plan (ORP) as my retirement plan choice.\*

*I understand that this election is irrevocable for the duration of my employment.* Further, I understand that if I **do not make a selection within this thirty-day period**, I will forfeit my option under the Optional Retirement Plan and be required to pay all Arizona State Retirement System Plan contributions plus interest back to my eligibility date.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**ID #**

\_\_\_\_\_  
**Date Signed**

\*If you are a transfer employee from the University of Arizona, Northern Arizona University, or Arizona Board of Regents, you must continue participation in the same retirement plan unless a change in job classification now entitles you to make a different election.

To Request a photocopy of this form, please complete:  
**Department Mail Code:** \_\_\_\_\_