Alternative Retirement Plan Provider Change Form

As a participant in the Ohio Alternative Retirement Plan (ARP) at Cleveland State University, you are entitled to change your ARP provider at any time during the year. This form should only be completed by current ARP participants who wish to change their provider. An account with the new provider must be opened by the ARP participant prior to submitting this form to Human Resources.

SECTION 1: PERSONAL INFORMATION

Employee's Full Name: First MI Last CSU Employee ID # (required)

Daytime Phone Number Email Address Social Security Number (optional)

I am paid: ☐ Bi-Weekly ☐ Semi-Monthly

SECTION 2: ELECTION

My current ARP Provider is: _____

Effective on or after: _____, I elect to change my ARP provider to one of the following:
(Paycheck date to be affected)

- ☐ Corebridge Financial
- ☐ Fidelity
- ☐ TIAA
- ☐ Voya

If you change your ARP provider, state legislation allows you to transfer a portion or all of your existing ARP balance to the new provider. Account transfers may be temporarily restricted based on account type. You must contact your new provider to establish an account and to arrange for any desired transfer of your current account balance. ARP provider change will be effective based on receipt of this form in the Department of Human Resources and payroll processing deadlines.

SECTION 3: SIGNATURE/ STATEMENT OF UNDERSTANDING

This request to change providers shall remain in force and effect while I am employed at Cleveland State University and/or until a new provider election is made.

_____ _____
Employee Signature Date

Retain a copy for your records.
Return completed form to: Mail to Cleveland State University, Department of Human Resources, AC 113 2121 Euclid Avenue, Cleveland, OH 44115, Fax to (216) 687-687-3976, **or** Email to benefits@csuohio.edu