



Human Resources

## RETIREMENT PLAN OPTION FORM

Completed forms can be emailed to [hrbenofc@uwyo.edu](mailto:hrbenofc@uwyo.edu), or dropped off in HR.

Human Resources  
Dept. 3422  
1000 E. University Ave.  
Laramie, WY 82071-2000

Hill Hall, 3<sup>rd</sup> Floor

Phone (307) 766-2437  
Fax (307) 766-5636

I, \_\_\_\_\_, the undersigned, do hereby acknowledge that I have read this document in its entirety and understand the contents herein, and have been fully advised that:

1. As an employee of the University, I am eligible for retirement benefits under either the Wyoming Higher Retirement Act (Wyoming Statutes, 1977, 21-19-101 to 21-19-106) or the Wyoming Retirement System (Wyoming Statutes, 1977, 9-3-401 et seq).
2. Pursuant to the above-mentioned Wyoming Statutes, the University of Wyoming is authorized to offer its employees the following option:
  - A. **All contributions may be paid entirely into the Wyoming Retirement System.**
  - B. **All contributions may be paid entirely in the TIAA Annuity Plan.**
3. The election of a retirement plan is irrevocable during the remainder of an employee's working career as a public employee (Wyoming Statutes, 21-19-102 (d)).

**NOW, THEREFORE, in consideration of the above, I elect as follows:**

**My employee and employer contributions shall be paid into**

\_\_\_\_\_ (either A or B above)

**LAW ENFORCEMENT ONLY**

By checking this box, I am making notification that I will be working as a law enforcement officer as defined by Wyoming Statute 9-3-402.

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

### PLEASE NOTE

If Option A is chosen, the employee will be contacted via the UW e-mail address with instructions for designating a beneficiary.

If Option B is chosen, the TIAA Enrollment Form must be completed online at <https://www.tiaa.org/public/tcm/wyoming>.