

This New Employee forms packet contains new hire documents that need to be completed as you begin your employment with the university. You may complete the forms online using Adobe .pdf reader, or you may print the forms and complete them by hand. In either case, the forms must be printed one sided and include original signatures where specified. You do not need to submit this cover sheet to Human Resources.

Should you have any questions please contact the Human Resources Customer Service Desk at 860-486-3034.

First Name:

Middle Initial:

Last Name:

Social Security Number:

Date of Birth (mm/dd/yyyy):

Job Title:

Department:

Bargaining Unit:

Employee Number:

Home Address:

Street:

City:

State (2 letter abbreviation):

Zip:

Home Telephone:

Date of Hire (mm/dd/yyyy):

Today's Date:

Forms Packet Completion Instructions: (ONLINE ONLY)

1. Fill in each field on this sheet (page 1). The information you provide on this sheet will auto-populate the same fields on each form. You do not need to submit this sheet to Human Resources.

2. Print your completed forms (one sided) and sign them where specified.

Important: Do not close the browser window you are using until after you print your completed forms. The forms may not save the information you provide once the browser window has been closed.

3. Hand deliver or mail the original signed copy of your completed forms to Human Resources at UConn Storrs (not to the State office).

4. Retain a copy of the forms for your records.

5. Fill in each field on this sheet (page 1). The information you provide on this sheet will auto-populate the same fields on each form. You do not need to submit this sheet to Human Resources.



Agency Information

Name:

Address:



9 Walter Ave. Unit 5075
Storrs, CT 06029-5075
Telephone: (860) 486-3034
Fax: (860) 486-0378

Employee Service Information

EMPLOYEE NAME

EMPLOYEE NUMBER

PRIOR STATE OF CONNECTICUT/CONNECTICUT COUNTY SERVICE AND MILITARY INFORMATION

Please complete the information below to ensure that the calculation of your State service for all purposes; Longevity, Seniority & Retirement, includes all eligible service under State statutes and in accordance with bargaining unit contract language. All service provided below, including military service, will be evaluated for possible service time credit.

I certify that I have neither qualifying prior service with the State of Connecticut nor Connecticut County Service

I have prior State of Connecticut service, including Student Worker service and Special Payroll Appointments at UConn; and/or I have Connecticut county service (which I understand will be reviewed for eligibility under certain legislative acts)

State Agency/County Service	Employment Dates: From To	Full/Part Time *

*Part-time will be pro-rated to full-time equivalency for some purposes.

I certify that I have no qualifying military service.

I certify I have active duty military service and I am attaching required documentation (DD-214). **

**If not attached to this form; please provide DD-214's as soon as possible to Human Resources

Employee Signature _____ Date _____

EMPLOYEE NAME

EMPLOYEE NUMBER

The information below is being sought to fulfill the University's legal obligation to report its equal employment opportunity profile to state and federal reviewing agencies. Any information you provide is strictly confidential.

US VETERAN STATUS

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment the following classifications of **protected veterans** (protected under the non-discrimination and affirmative action provisions of the Act): (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A **"disabled veteran"** is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A **"special disabled veteran"** is one of the following:
 - a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability: (A) rated at 30% or more; or (B) rated at 10 or 20% in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- An **"active duty wartime or campaign badge veteran"** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- A **"veteran of the Vietnam era"** means a person who:
 - Served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (A) In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) Between August 5, 1964, and May 7, 1975, in all other cases; or
 - Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed: (A) In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) Between August 5, 1964, and May 7, 1975, in all other cases.
- An **"armed forces service medal veteran"** means a veteran who, while serving on active3 duty in the U.S. military, ground, naval or air service3, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. (Your Form DD-214 may help you make this determination).

Please check all that apply:

☐ Active Reserve ☐ Inactive Reserve

☐ I am not a Protected Veteran

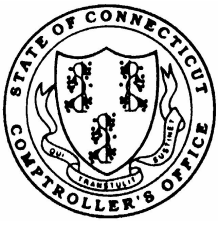
☐ I identify as one or more of the classifications of protected veterans listed above

Please provide your most recent active duty military service discharge release date (mm/dd/yyyy)

☐ I decline to disclose my protected veteran status

As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Submissions of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be maintained confidentially and used only in ways that are consistent with VEVRAA. If you are a disabled veteran, please let us know if there are any reasonable accommodations we could make that would enable you to be considered for a job opening or perform the essential functions of the position you hold. We consider request for accommodation on a case-by-case basis.

Employee Signature _____ Date _____



HEALTHCARE POLICY & BENEFIT SERVICES DIVISION

ENROLLMENT FORM
RETIREE HEALTH FUND
FOR EMPLOYEES FIRST HIRED ON OR AFTER 7/1/2017

SUBMIT COMPLETED
FORM TO YOUR AGENCY
HUMAN RESOURCES/
PAYROLL OFFICE

CO-1300B (10/2017)

EMPLOYEE INFORMATION	Last Name		First Name, Middle Initial		Employee Number ?
	Street Address				Job Record Number
	City, State, Zip Code				Social Security Number
	Is Employee healthcare-eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency Dept. ID ?		Date of Hire ?
DEDUCTION	<input type="checkbox"/> OPE15 - 3% of compensation		Pay Period Start Date (Month/Date/Year) ___ / ___ / ___		
	<input type="checkbox"/> OTR15 - TRS members 1.75% of compensation		Employer Share: <input type="checkbox"/> OPER 3% <input type="checkbox"/> OTER 1.75% Start Date: ___ / ___ / ___		
EMPLOYEE ACKNOWLEDGEMENT: I understand that completion of this form is for the purpose of monitoring my obligation to contribute to the Retiree Health Fund for a total of 15 years or until I retire, whichever comes first.					
Employee Signature			Date		
EXEMPTION	Is Exemption Claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify reason below				
	<input type="checkbox"/> Exempt employee: <input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> Not Healthcare-Eligible <input type="checkbox"/> Not eligible for Retirement Plan participation <input type="checkbox"/> Other retiree coverage - Attach signed Affidavit (CO-1303) and Waiver (CO-1304) ?				
Authorized Agency Signature			Title		Date ?
Agency Contact (Print Name) ?			Agency Contact Telephone		Agency Contact Email



Return to OSC, Employee Benefits Unit, Healthcare Policy & Benefit Services Division,
55 Elm Street, Hartford, CT 06106.



CO-1300B OPEB ENROLLMENT

DESIGNATION OF RETIREMENT PLAN ELECTION**Higher Education Employment Only**

CO-931h Rev. 9/2017

Page 1 of 2

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

General Instructions: This form is to be completed for all employees hired in an institution of higher education or the board of higher education central office only.

This form must be completed by the employing agency in conjunction with the employee, signed by both the employee and agency staff in Section IV and returned to the Retirement Services Division as soon as possible following the individual's employment date or effective date of any change.

CHECK TYPES OF ACTIONS BEING SUBMITTED ON THIS FORM

☐ **NEW EMPLOYEE** ☐ **RE-EMPLOYED** ☐ **MULTIPLE EMPLOYMENT** ☐ **AGENCY TRANSFER** ☐ **TRANSFER TO OR FROM HAZARDOUS DUTY** ☐ **CHANGE IN RETIREMENT ELIGIBILITY STATUS**

I. EMPLOYEE PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	EMPLOYEE NO.	SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
-----------	------------	------	--------------	------------------------	---------------	--

ADDRESS (Street No., Name) (City, State, Zip Code)

MARITAL STATUS	MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/>	DATE OF MARRIAGE	NAME OF SPOUSE
----------------	---	------------------	----------------

DO YOU HAVE A PENSION DIVISION ORDER ("QDRO") AS A RESULT OF DIVORCE/LEGAL SEPARATION? YES ☐ NO ☐

IF YES, HAS THE ORDER BEEN SUBMITTED TO AND ACCEPTED BY THE RETIREMENT SERVICES DIVISION? YES ☐ NO ☐

II. EMPLOYMENT INFORMATION

EMPLOYING AGENCY	RECORD NUMBER	AGENCY ADDRESS
------------------	---------------	----------------

EMPLOYMENT DATE/EFFECTIVE DATE	BARG UNIT	CORE-CT JOB CODE	EMPLOYMENT STATUS Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	TYPE STATUS Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Durational <input type="checkbox"/> Intermittent <input type="checkbox"/>
--------------------------------	-----------	------------------	--	---

IS EMPLOYEE CURRENTLY EMPLOYED WITH ANOTHER STATE AGENCY? YES ☐ NO ☐ If YES, provide Agency Name

HAS EMPLOYEE WORKED FOR THE STATE BEFORE? YES ☐ NO ☐ If YES, provide Agency Name and termination date

III. RETIREMENT INFORMATION

As a condition of employment with the State of Connecticut, all faculty and staff members must participate in a retirement plan with the exception of part-time Adjunct Faculty members. Part-time Adjunct Faculty members may elect to waive retirement plan membership.

Classified employees in higher education automatically become members of the State Employees Retirement System (SERS).

Unclassified employees must make a **one-time irrevocable election** of retirement plan membership. **Serious consideration must be given to the election of a retirement plan, as it is an irrevocable decision. Election must be made by the first day of employment. The proper retirement plan contributions must be deducted from the employee's first paycheck.**

Special note: If you elect the ARP, Hybrid or TRS and are subsequently employed in a position ineligible for participation in these plans, you will automatically begin participation in SERS.

See page 2 for retirement plan election choices.

DESIGNATION OF RETIREMENT PLAN ELECTION
Higher Education Employment Only

CO-931h Rev. 9/2017

Page 2 of 2

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

Please review Retirement Options for Higher Education employees on the OSC website at osc.ct.gov.
Please indicate your irrevocable retirement plan election below.

☐ Option 1 - State Employees Retirement System

(select applicable Tier) ☐ Tier I ☐ Tier II ☐ Tier IIA ☐ Tier III ☐ Tier IV

Hazardous Duty? ☐ Yes ☐ No

☐ Option 2 - Alternate Retirement Program (ARP)

☐ Employee contribution 5%

or

☐ Employee contribution 6.5% (default)

☐ Option 3 - State Employees Retirement System Hybrid Plan (Hybrid)

☐ Option 4 - Teachers Retirement System (TRS)

☐ Option 5 - Waiver (part-time adjuncts only)

☐ Ineligible for retirement plan membership Reason: _____

IV. MEMBER'S STATEMENT

Please note: If this form is not received by your Human Resources office by the first day of employment, you will be defaulted into a retirement plan based on your bargaining unit. This default is irrevocable.

I understand that this is an irrevocable decision, and I cannot, at a later date, choose to participate in another plan.

EMPLOYEE'S SIGNATURE	EMPLOYEE NUMBER	DATE
AUTHORIZED AGENCY SIGNATURE (& TITLE)	PHONE	DATE

Forward completed form to: Retirement Services Division, Customer Service Center, 55 Elm Street, Hartford, CT 06106. Agency should retain one copy and provide one copy to employee.

This form must be accompanied by Form CO-999 "Designation of Retirement Plan Beneficiary".

I. EMPLOYEE PERSONAL INFORMATION

MEMBER STATUS: NEW MEMBER [] ACTIVE MEMBER [] INACTIVE MEMBER []
INACTIVE MEMBERS (ONLY):
NEW ADDRESS [] NAME CHANGE []
LAST NAME FIRST NAME M.I. EMPLOYEE NO. SOCIAL SECURITY NUMBER DATE OF BIRTH GENDER MALE [] FEMALE []
ADDRESS (Street No., Name) (City, State, Zip Code)
MARITAL STATUS MARRIED [] DATE OF MARRIAGE NAME OF SPOUSE
SINGLE []

II. BENEFICIARY DESIGNATION

- Type or PRINT clearly.
- You may name any living person, your estate, a trust, or a charitable organization as your beneficiary.
- At least one beneficiary must be named. If more than one primary beneficiary is named, the share of the beneficiary who dies before you shall be divided equally among the surviving beneficiaries.
- A payment is made to a contingent beneficiary(ies) only if all primary beneficiaries die before you do.
- If you survive all of the beneficiaries named, payment would be made to your estate.
- To designate a trust as beneficiary enter the name and date of the trust agreement in the Beneficiary section of this form; leave the Relationship and Social Security sections blank; and indicate Primary or Contingent.
- To designate your estate as beneficiary enter the word "Estate" in the beneficiary section of this form; leave the Relationship and Social Security sections blank; indicate Primary or Contingent.

Primary beneficiary(ies) must equal 100%. Contingent beneficiary(ies) must equal 100%. Please use whole percentages. If there are more than (4) beneficiaries designated, check the box to the right and attach an additional CO-999 form listing additional beneficiaries. []

NAME OF BENEFICIARY PRIMARY [] SOCIAL SECURITY NUMBER NAME OF BENEFICIARY PRIMARY [] CONTINGENT [] SOCIAL SECURITY NUMBER
Last Name First Name M.I. Last Name First Name M.I.
ADDRESS (Street No., Name) RELATIONSHIP ADDRESS (Street No., Name) RELATIONSHIP
(City, State, Zip Code) PERCENT DATE OF BIRTH (City, State, Zip Code) PERCENT DATE OF BIRTH
NAME OF BENEFICIARY PRIMARY [] CONTINGENT [] SOCIAL SECURITY NUMBER NAME OF BENEFICIARY PRIMARY [] CONTINGENT [] SOCIAL SECURITY NUMBER
Last Name First Name M.I. Last Name First Name M.I.
ADDRESS (Street No., Name) RELATIONSHIP ADDRESS (Street No., Name) RELATIONSHIP
(City, State, Zip Code) PERCENT DATE OF BIRTH (City, State, Zip Code) PERCENT DATE OF BIRTH

III. MEMBER'S STATEMENT

I hereby revoke all previous appointments of beneficiaries made by me, if any, and designate the person(s) named above as beneficiary(ies) such person(s) to receive upon my death any and all sums due me from the Retirement System of which I am a member. This designation shall remain in effect unless I subsequently change it by written notice to the Retirement Services Division.

EMPLOYEE'S SIGNATURE DATE
AUTHORIZED AGENCY SIGNATURE (& TITLE) PHONE DATE



STATE OF CONNECTICUT
RETIREMENT SERVICES DIVISION
OFFICE OF THE STATE COMPTROLLER

TIER IV

For ~~Tier III~~ Plan Members - check here ☐

For Hybrid Plan Members - check here ☐

**RETIREMENT CREDIT PURCHASE REQUEST FOR
PRIOR MISCELLANEOUS SERVICES FORM**

CO-991 - Revised 8/2015

- PRIOR MILITARY SERVICE
- PRIOR EMPLOYMENT WITH OTHER STATES
- PRIOR CONNECTICUT MUNICIPAL EMPLOYEES RETIREMENT SERVICE

PLEASE TYPE OR PRINT

Any alterations to this form will NOT be accepted

DESCRIPTION OF PURCHASABLE PRIOR SERVICE AND INSTRUCTIONS for State Employees Retirement System (SERS) members:
Within certain limitations, retirement credit may be obtained for the categories listed below:

WAR SERVICE/NATIONAL EMERGENCY MILITARY SERVICE

Members of SERS are eligible to purchase retirement credit for active duty in the Armed Forces rendered during a period of wartime or national emergency followed by a release under honorable conditions for the time periods categorized by applicable law. **REQUIRED DOCUMENTS:** A copy of discharge papers (DD-214) which clearly show dates of active duty rendered to the Armed Forces with the condition of release (character of service). In some situations, a photocopy of the military retirement credit point history record will be required. (Form 22 is not a sufficient document for retirement review purposes.) Retirement credit shall not exceed ten years in total, nor be awarded if a pension will be or is being received from another source other than the Federal Government for the same period(s). **Cost to member:** 4% x annual full-time rate of compensation upon hire. (Plus, any payroll installment interest - if elected).

EMPLOYMENT WITH OTHER STATE(S)

Active full-time state employment with other state or states which offer similar credit provisions to former employees of the State of Connecticut. **REQUIRED DOCUMENTS:** (a) Official statement indicating employment with other state(s) was full-time; (b) actual dates of service; (c) verification of ineligibility for retirement benefits. **NOTE:** At the time of retirement, you can only be credited with one year of employment with other state(s) for each two years of Connecticut state service. Retirement credit for service to another state shall not exceed ten years in total. **Cost to member:** 6% x annual full-time rate of compensation upon hire plus 5% interest per annum from service date to purchase date.

CONNECTICUT MUNICIPAL EMPLOYMENT

Any prior period of municipal service while a member of the Connecticut Municipal Employees Retirement System (CMERS). **REQUIRED DOCUMENTS:** Name of municipality and actual dates of service. **NOTE:** You may only apply for municipal service credit for periods during which you were a member of the CMERS. Service is not creditable until you have at least ten years of vesting service. **Cost to member:** Contributions made to CMERS plus 5% interest per annum from service date to purchase date.

Be advised that this request for a calculation is non-binding. To receive a cost calculation, fill out this form and return to:
Retirement Services Division, Attn: Retirement Purchase Unit, 55 Elm Street, Hartford, CT 06106-1775.

MEMBER IDENTIFICATION				
EMPLOYEE NUMBER	MEMBER NAME (Last)	First Name	M.I.	MEMBER SOC. SEC. NUMBER (Last 4 digits only)
CURRENT AGENCY/INSTITUTION UConn - Storrs		BARGAINING UNIT		MEMBER HIRE DATE
MEMBER MAILING ADDRESS (street number, street name, city, state, zip code)			MEMBER TELEPHONE NUMBER (where you can be reached between 8 a.m. & 4 p.m.)	

MEMBER REQUEST	
----------------	--

For a Cost Calculation to Purchase Retirement Credit for service listed below, please furnish type of service and dates.

TYPE OF SERVICE	DATES	
	FROM	TO

MEMBER STATEMENT and ACKNOWLEDGEMENT	
--------------------------------------	--

I certify that I have not received and am not entitled to receive any retirement allowance/pension from another source other than the Federal Government for the same years of service I am requesting. I further promise to diligently notify the Retirement Services Division if I become entitled to such a benefit in the future.

Military Service Acknowledgement: I understand that military service must be applied for within one year of commencement of state service.

I have read the information contained on this form and to the best of my knowledge, do not have any qualifying service as described above for which I may receive retirement credit in either Tier III, the Hybrid Plan, or have determined to make future application for municipal service or out of state service.

MEMBER SIGNATURE	DATE
------------------	------

AGENCY PART	
-------------	--

All required supporting documents must be attached; otherwise, this form is invalid and it will not be processed.

AGENCY CONTACT PERSON (PLEASE PRINT)	BUSINESS UNIT	TELEPHONE NUMBER	DATE
--------------------------------------	---------------	------------------	------