

## Irrevocable Contributory Election Form

**PLEASE READ THOROUGHLY.** This election form to participate in the Arkansas Teacher Retirement System (ATRS) contributory plan is to be completed by both the member and employer. Once received by ATRS this becomes a binding and irrevocable election to participate in the contributory plan. Under the contributory plan deductions are withheld from the member's salary for retirement purposes.

**This election form is to be utilized by the following (please check one):**

\_\_\_\_\_ Non-contributory member who is electing to become a contributory member, must make an election by June 30 to become effective July 1. Status may be also changed to contributory if the election is made prior to their first salary payment of the fiscal year. Elections made after the first salary payment of the fiscal year shall become effective the July 1 next following receipt of this form in the ATRS office. The official receipt date may be determined by the postmark date.

\_\_\_\_\_ New member under contract for 180 days or less who is electing to become contributory.

\_\_\_\_\_ New member not under contract who is electing to become contributory.

**Once signed by both the member and employer and received by ATRS, this election to be contributory is IRREVOCABLE. This means the undersigned member's election cannot be changed under any circumstances and will remain in effect throughout the member's entire career with ATRS.**

I have read and understand the above material and I elect **TO MAKE CONTRIBUTIONS TO THE RETIREMENT SYSTEM** for the remainder of my career.

**THIS FORM IS NOT OFFICIAL UNLESS SIGNED BY BOTH THE MEMBER AND EMPLOYER AND RECEIVED BY ATRS.**

I. To be completed by Member: Social Security Number \_\_\_\_\_  
Print Member's Name \_\_\_\_\_  
Signed by (Member's Name) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Date \_\_\_\_\_

II. To be completed by Employer: Signed by (Employer Representative) \_\_\_\_\_  
Employer \_\_\_\_\_  
First Salary Payment this fiscal year (date) \_\_\_\_\_  
Fiscal Year Effective (xxxx-yyyy) \_\_\_\_\_

**Return original completed form to ATRS; the employer and member should each keep a copy.**