

Date approved: \_\_

Unclassified Retirement Plan Election to be Covered by the General Employees Retirement Plan Hired After June 30, 2010

1. Information about you					
Last name	First name	N	MI	Account ID or SSN	
Employing department		Phone number			
2. Electing retirement coverage		1			
Minnesota Statute 352D.02 allows you to elect re anytime during the first seven years of your appoin MSRS no later than one month following the end of Required signature (please sign	ntment date to the Unclas date of your current Uncla	sified Retirement Plan. Thi			
I elect retirement coverage by the General Emploretirement benefit or disability benefit that become	oyees Retirement Plan of				
I understand that by making this election, I forfei Investment in the Unclassified Plan is to be redec have been credited had I been covered by the Ge	emed and an amount cre	edited to my retirement ac	count e	qual to the money that would	
I understand that by making this election, I may present period of covered employment.	not at some future date o	elect to be covered by the	Unclass	sified Retirement Plan during my	
I further understand that if I have other Unclassif that time to the General Employees Retirement P		than 10 years, I must sub	omit a se	eparate election form to transfer	
Signature			Da	ute	
You will receive a confirmation when the	e money is transferred t				
INTERNAL USE ONLY:  Current appointment effective date:		Mail or fax the completed form to:			
Original UNCL coverage date:		60 Empire I St. Paul, MN			
Active: ☐ Yes ☐ No		Contact the	e MSRS	Service Center:	
Date terminated:			tact the MSRS Service Center: 0.657.5757 or 651.296.2761		

Initials: \_

Fax: 651.297.5238