Form #5
Effective 7/1/07
Revised 3/15/07

Arkansas Teacher Retirement System
1400 West Third, Little Rock, AR 72201
Phone (501) 682-1517 or (800) 666-2877
Website - http://www.atrs.state.ar.us
Email - info@atrs.state.ar.us

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):

_____ Active, inactive or rescinding non-contributory member who is electing to become a contributory member under A.C.A. § 24-7-406(e)(6) as amended by Act 93 of 2007. Member must make 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 _____
Signed by (Member 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.