



Utah Retirement Systems
 PO Box 1590
 Salt Lake City, Utah 84110-1590
 801-366-7318
 800-753-7318
 801-366-7759 Fax

STATE OF UTAH
Tier 1 REQUEST FOR EXEMPTION
UNDER UTAH CODE ANN.
§ 67-22-2, § 49-12-203,
§ 49-13-203, & § 49-19-403

1. Please type or print clearly in black ink.

EMPLOYER INSTRUCTIONS: 2. Complete Section A, give to the employee to verify information, sign and return. Keep a copy for your records and forward original to the Retirement Office. Add the position to your annual Exemption plan where applicable.

EMPLOYEE INSTRUCTIONS: 3. Review section A for accuracy. Read and complete Section B. Your signature is required to complete the request for exemption. Return this form to your employer.

4. If you or your employer will be contributing to a Defined Contribution plan please set up allocations and deferrals at our web site www.urs.org through the myURS member log in.

SECTION A - EMPLOYEE INFORMATION AND EXEMPT CLASSIFICATION - TO BE COMPLETED BY EMPLOYER

Employee Name (first, middle, last)		Date of Birth (mm/dd/yyyy)		Social Security Number	
Employee Mailing Address		City	State	Zip	Date Hired
Name of Employing Agency			Agency Number		Employee Position

Legislator - Utah Code Ann. § 49-19-403

As a legislator who is eligible for retirement coverage, I elect to forfeit the benefits provided by membership in the URS Defined Benefit System and instead, I elect to participate in a URS Defined Contribution Plan. I choose to exempt from membership as of _____.
 (Date)

Governor - Utah Code Ann. § 49-19-403

As a governor of the state of Utah who is eligible for retirement coverage, I elect to forfeit the benefits provided by membership in the URS Defined Benefit System and instead, I elect to participate in a URS Defined Contribution Plan. I choose to exempt from membership as of _____.
 (Date)

Other State Officers and Employees - Utah Code Ann. § 49-12-203(4) & 49-13-203(4)

As an officer of the state of Utah or as an employee of the Governor's Office of Planning and Budget, Governor's Office of Economic Development, Commission on Criminal and Juvenile Justice, the Governor's Office, the Utah Science Technology and Research Initiative, the State Auditor's Office, or the State Treasurer's Office, I elect to forfeit the benefits provided by membership in the URS Defined Benefit System and participate in a URS Defined Contribution Plan. I choose to exempt from membership as of _____.
 (Date)

At-Will Employee

As a person appointed by the Speaker of the House of Representatives, the House of Representatives minority leader, the President of the Senate, the Senate minority leader; or an employee of the Governor's Office of Economic Development, who has been hired directly from a position not covered by a system, I choose to exempt from membership in Utah Retirement Systems as of _____.
 (Date)

Exempt Full-Time Student, Spouse of Full-Time Student, Trainee - Utah Code Ann. § 49-12-203(4) & 49-13-203(4)

As a full-time student, the spouse of a full-time student or as an individual employed in a trainee relationship, I choose to exempt from membership in the URS Defined Benefit System. I agree to notify my employer and the Retirement Office immediately should my status change in any way, making me ineligible for continuing exemption. I choose to exempt from membership as of _____.
 (Date)

The employer certifies this employee is eligible for service credit for the reason noted above. The employer makes a continuing certification the employee is eligible for service credit. The employer must notify the Retirement Office when the employee becomes ineligible or terminates employment.

Authorized DHRM Signature (required)	Phone Number	Date
--------------------------------------	--------------	------

SECTION B - DEFINED BENEFIT - EMPLOYEE SECTION

I understand by exempting, I will not accrue service credit toward a monthly retirement benefit during the period of exemption.

Employee Signature (required)	Phone Number	Date
-------------------------------	--------------	------