



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.

EMPLOYEE INSTRUCTIONS: 2. Complete Section A, sign where indicated. Read Section B, and return to your employer.

EMPLOYER INSTRUCTIONS: 3. Complete Section C, photocopy for your records, and return the original to the Retirement Office.

SECTION A - EXEMPTION FROM DEFINED BENEFIT COVERAGE

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 Plan and instead, I elect to participate in a URS Defined Contribution Plan. I want 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 Plan and instead, I elect to participate in a URS Defined Contribution Plan. I want 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 Plan and participate in a URS Defined Contribution Plan. I want 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) & 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 Plan. 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 want to exempt from membership as of _____ Date

SIGNATURE

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

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

SECTION B - DEFINED CONTRIBUTION

If you are a new employee or have not previously established a defined contribution (401(k)) account, a completed *401(k) and 457 Plan Enrollment Contract (DCCT-1)* must accompany this form. Contracts are available at www.urs.org or from the Defined Contribution Department at 801-366-7720 or 800-688-4015.

SECTION C - TO BE COMPLETED BY EMPLOYER (Please type or print clearly in black ink.)

| | | |
|-------------------------------------|--------------------------|---------------------------------|
| Employee Name (first, middle, last) | Date of Birth | Social Security Number |
| Employee Mailing Address | City | State Zip |
| Date Hired | Name of Employing Agency | Agency Number Employee Position |

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 |
| | - - | |