



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

REQUEST FOR EXEMPTION

TIER 2 DEFINED CONTRIBUTION VESTING

STATE OF UTAH

- EMPLOYER INSTRUCTIONS:**
1. **Please type or print clearly in black ink.**
 2. Complete this form **only** after the online certification program has been used to designate the employee is eligible.
 3. Sign in Section A then give the form to your employee to complete and sign.
 4. Add this employee's name and position to your *Employee Exemption Plan*, which must be filed with our office annually.
- EMPLOYEE INSTRUCTIONS:**
5. Read then sign Section B where indicated and forward to our office. Do not mail a form if you fax one to our office.
 6. Set up defined contribution allocations, deferrals, and beneficiaries online at myURS.

SECTION A - EMPLOYER CERTIFICATION INFORMATION

Employee Name (first, middle, last)		Date of Birth (mm/dd/yyyy)	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widows	Rate of Pay <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$ _____

I certify the above employee is eligible for exemption from the vesting schedule required in Tier 2, based on the position checked below. I also understand I must notify the Retirement Office when the employee becomes ineligible or separates employment.

- An Executive Department Head**
- A Member of the State Tax Commission**
- A Member of the Public Service Commission**
- An Employee of the Governor's Office of Planning and Budget**
- An Employee of the Governor's Office of Economic Development**
- An Employee of the Commission on Criminal and Juvenile Justice**
- An Employee of the Governor's Office**
- An Employee of the State Auditor's Office**
- An Employee of the State Treasurer's Office**
- An Employee of the Utah Science Technology and Research Initiative**

Date Eligible for Exemption: _____ .
(mm/dd/yyyy)

State Agency Name and Number	Authorized DHRM Signature (required)	Date
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SECTION B - EMPLOYEE EXEMPTION AUTHORIZATION

I am applying for exemption from the vesting requirements under the Tier 2 Defined Contribution (DC) Plan, as authorized by Title 49. I understand my decision to exempt will only be executed if I have chosen the DC Plan during my initial one year online election period, and by choosing the DC Plan I will not accrue service credit toward a defined benefit monthly retirement allowance. I further understand my employer will report required deposits to the Tier 2 Hybrid Retirement System during the initial election period, and I will not have access to control investment allocations unless I have separated from employment with the State of Utah, or have otherwise met IRS withdrawal regulations after my initial 12 months of employment.

I wish to execute the right granted by my position to exempt from the normal four-year vesting period.

Employee Signature (required)	Contact Phone - -	Date
Mailing Address	City	State Zip