



POST-SECONDARY PARTICIPATION FORM

Act 513 of 2011 provides that beginning July 1, 2011, PSHE employers may enroll new employees in Arkansas Teacher Retirement System (ATRS) if the employee is vested with ATRS and has been declared benefits-eligible by the PSHE employer. You, as an ATRS member may elect to be covered by ATRS as an employee of a PSHE employer. **However, your election to participate in ATRS is irrevocable as long as you are employed by a PSHE employer that participates in ATRS.**

To Be Completed By Employee

Printed Name _____
SSN _____ Birthdate ____/____/____
Address _____
City _____ State _____ Zip _____
Telephone Number (____) _____ Email Address (optional) _____
As an employee of a PSHE, I elect to participate in the Arkansas Teacher Retirement System. I further agree to abide by the laws and policies of ATRS. I understand this decision is IRREVOCABLE . I also understand that future employment with another PSHE participating in ATRS will be governed by my election to remain an ATRS member.
Member Signature _____ Date _____

To Be Completed By PSHE Employer*

Employing Institution _____
Address _____
City _____ State _____ Zip _____
Telephone Number (____) _____ Email Address (optional) _____
Authorized Signature and Title _____

* A college or post secondary employer becomes a PSHE employer by intentionally allowing a new employee to enroll in ATRS after July 1, 2011.