

Printed Name

Form # 17 Revised 6/2013 1400 West Third, Little Rock, AR 72201 Phone (501) 682-1517 or (800) 666-2877 Fax (501) 682-2359 Website - http://www.artrs.gov

## POST-SECONDARY PARTICIPATION FORM

Act 607 of 2013 provides that beginning July 1, 2013, PSHE employers may enroll new employees in Arkansas Teacher Retirement System (ATRS) if the employee 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

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
City	State Email Address (optional)	Zip

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