

Quick Reference Guide: *Electing/ Changing Supplementary Retirement Program (SRP) Elections*

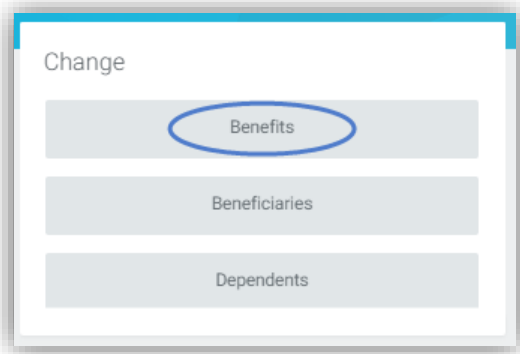
Steps for electing or changing supplementary retirement program (SRP) elections:

1. Click on the **Benefits Worklet**.



Benefits

2. Under the **Change** column, click on **Benefits**.



3. Under the **Benefit Event Type** area, select **Retirement Plan Changes**.



Benefit Event Type

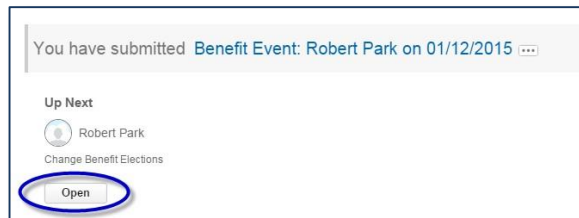
- Beneficiary Change
- Birth/Adoption
- Divorce/Dissolution of Domestic or Civil Union Partnership
- Gain of Other Coverage
- Life Insurance/LTD/PAI Change
- Loss of Other Coverage
- Marriage/Domestic Partnership/Civil Union Partnership
- Retirement Plan Changes



When making **Supplementary Retirement Program (SRP)** or **Supplementary Retirement Program (SRP Catch-Up)** elections, please remember that your new election will be effective the **first day of the following month**.

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- Use the **Calendar Icon**  to select today's date as the **Benefit Event Date**.
- Click on the **Submit Icon**  to submit this task.
- You will see the next task to complete. Click **Open**.



Click **Elect** for the Benefit Plan in which you would like to enroll in and enter a dollar **or** percentage amount in the **Employee Contribution** section that you want to contribute monthly.



Bi-weekly paid employees: The amount you designate for SRP will be deducted each and every pay period. Please ignore the monthly indicator.

7.

Retirement Savings Elections 2 items		
Benefit Plan	*Elect / Waive	Employee Contribution
Supplemental Retirement Plan - TIAA	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Percent <input type="text" value="0"/> Amount (Monthly) <input type="text" value="100.00"/>
Supplemental Retirement Plan Catch-Up - TIAA	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Percent <input type="text" value="0"/> Amount (Monthly) <input type="text" value="0.00"/>

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8. Click on  to proceed to the next step.

9. Review the **Electronic Signature** and click on the **Checkbox** to agree.

Electronic Signature

I hereby apply for participation in the University of Chicago's benefits plan(s) for those benefits for which I am or may become eligible under the terms and conditions of said plan and any present or future amendments thereto, and subject to acceptance of my enrollment. I hereby authorize my employer to deduct from my earnings the required contributions, if any, toward the cost of this plan(s).

I understand that I cannot change any of my elections for medical, dental, vision, health and/or dependent care flexible spending accounts until the next open enrollment period, unless I have a qualifying life event. Changes I make must be consistent with the type of life event.

I Agree



10. Click **Submit Icon** to submit your changes.