

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

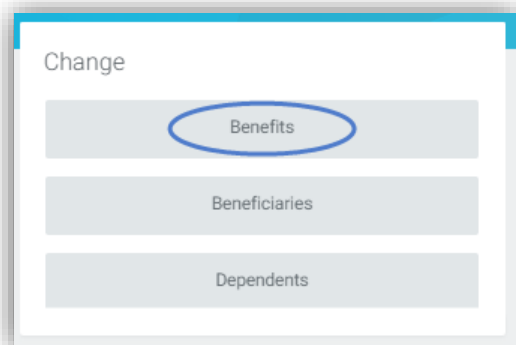
Steps for electing or changing supplementary retirement program (SRP) elections:

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

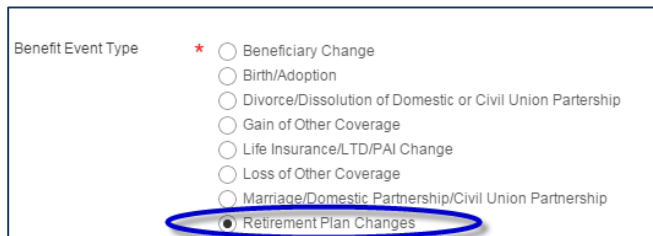


Benefits

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



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



A screenshot of a form titled 'Benefit Event Type'. It contains a list of radio button options. The 'Retirement Plan Changes' option is selected and circled in blue.

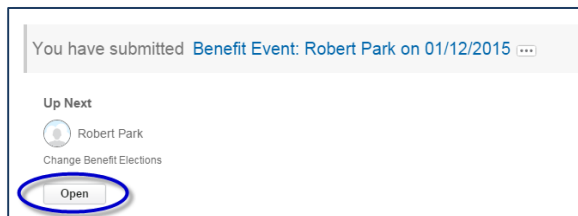
Benefit Event Type	Selection
Beneficiary Change	<input type="radio"/>
Birth/Adoption	<input type="radio"/>
Divorce/Dissolution of Domestic or Civil Union Partnership	<input type="radio"/>
Gain of Other Coverage	<input type="radio"/>
Life Insurance/LTD/PAI Change	<input type="radio"/>
Loss of Other Coverage	<input type="radio"/>
Marriage/Domestic Partnership/Civil Union Partnership	<input type="radio"/>
Retirement Plan Changes	<input checked="" type="radio"/>

4. Use the **Calendar Icon** 📅 to enter the effective date for your change.

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5. Click on the **Submit Icon**  to submit this task.

6. You will see the next task to complete. Click **Open**.



You have submitted [Benefit Event: Robert Park on 01/12/2015](#) ...

Up Next

 Robert Park
Change Benefit Elections

Open

7. Scroll down to the **Benefit Coverage Type Supplemental Retirement Plan**.

8. Enter a dollar or percentage amount in the **Employee Contribution – Amount (Monthly)** that you want to contribute monthly.



Benefit Coverage Type Supplemental Retirement Plan

Employee Contribution - Percent

Employee Contribution - Amount (Monthly) Maximum Contribution Amount 41,666.67

9. Enter your contribution allocation in the **Employee Contribution Allocation** field(s).

Benefit Plan	Employee Contribution Allocation	Calculated Contribution
Supplemental Retirement Plan - TIAA-CREF	<input type="text" value="50"/>	Percent 0 Amount (Monthly) \$100.00
Supplemental Retirement Plan - Vanguard	<input type="text" value="50"/>	Percent 0 Amount (Monthly) \$100.00
	100	

10. Click on the **Continue** button.

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11. 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

12. Click **Submit** to submit your changes.