

**VERMONT STATE EMPLOYEES' RETIREMENT SYSTEM**  
**Irrevocable Election Form**

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**1. Participant Information**

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Department/Section	Work Extension	Employee ID Number	Date of Birth	
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Last Name	First Name	Middle Initial		
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Street Address and Apartment or Box Number	City	State	Zip Code	Home Telephone #

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**2. Retirement Plan Election**

\_\_\_\_\_ I elect to transfer to the Vermont State Employees' Retirement System Group G plan. I hereby authorize the State of Vermont to deduct the required Group G pension contribution from my bi-weekly earnings. I understand that as of July 2023, my contribution rate will be **4.68% more than** it would otherwise be if I were to remain in Group F or F\*.

I further understand that my election to transfer entitles me to receive benefits under the provisions of the Group G plan for all service accrued **after my date of transfer**. All service accrued under the Group F or F\* plan prior to my transfer will be calculated according to the provisions of the Group F plan.

\_\_\_\_\_ I elect to remain in the Group F or F\* plan I am now in. I understand that I will continue to contribute from bi-weekly earnings at the rate that is 4.68% lower than the Group G pension contribution rate, and that I will collect a benefit under the rules of the Group F or F\* plan.

**I UNDERSTAND THAT MY OPTION TO TRANSFER TO THE GROUP G PLAN EXPIRES ON JUNE 1, 2023. I CANNOT ELECT TO TRANSFER TO GROUP G AFTER THAT DATE. I CANNOT TRANSFER BACK TO THE GROUP F OR F\* PLAN AS LONG AS I AM EMPLOYED BY THE STATE IN A GROUP G-ELIGIBLE POSITION. THIS DECISION IS IRREVOCABLE.**

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Signature	Date
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State of Vermont	The above subscribed and sworn to before me at
_____ County, ss	_____ in said county, this
	_____ day of _____ 2023__

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Notary Public