

**BENEFIT ELECTION FORM FOR
RETIREES RETURNING TO OU EMPLOYMENT**

I, _____, have decided to return to University
employment

(Retiree Name)

effective _____.

(Date of hire)

Based on the University of Oklahoma Retirement Policy I have elected the following
benefit plan:

_____ I choose to retain my benefits as a retiree of the University of Oklahoma.

_____ I choose to be eligible for those benefits which are provided to other
similarly or classified employees of the University of Oklahoma. I
understand that by choosing this option, I will be required to meet the
University's eligibility rules for retirement based on my new hire date of
_____.

I understand that this election is irrevocable.

Retiree Name

Date

Retiree Signature