



**PUBLIC EMPLOYEES' RETIREMENT FUND (PERF) / TEACHERS' RETIREMENT FUND (TRF) MY CHOICE SECOND CHANCE MEMBER ELECTION**  
 State Form 9900433 (7-26)

**INDIANA PUBLIC RETIREMENT SYSTEM  
 PUBLIC EMPLOYEES' RETIREMENT FUND  
 TEACHERS' RETIREMENT FUND**  
 One North Capitol Avenue, Suite 001  
 Indianapolis, Indiana 46204-2014  
 Telephone: (844) GO-INPRS, (844) 464-6777 (Toll-free)  
 Fax: (866) 591-9441 (Toll-free)  
 E-mail: [questions@inprs.in.gov](mailto:questions@inprs.in.gov)  
 Website: [www.inprs.in.gov](http://www.inprs.in.gov)

\* This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory, and this form cannot be processed without it.

**INSTRUCTIONS**

1. Remove any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on this form.
  2. Type or print using black ink.
  3. **The member must complete the MEMBER INFORMATION AND ACKNOWLEDGEMENT section of this form and submit the completed form to the member's current employer's Human Resources (HR) department.**
  4. The employer must complete the EMPLOYER INFORMATION section and submit the completed, signed, and dated form to INPRS for processing.
  5. INPRS reviews the submitted form for member eligibility, employer participation, and completeness.
  6. If approved by INPRS, the election request is processed. The member and employer are notified when the member's account has been updated to reflect the member's election to participate in the Hybrid Plan.
- NOTE: The member's account cannot be processed for the second chance election until all reporting for the member is current through the start/transition date identified in the EMPLOYER INFORMATION section below.**
7. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address shown on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
  8. Questions? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

**REQUIREMENTS**

- The following requirements must be met prior to submission of this Second Chance Election form:
1. The member must be 100% vested in their employer's My Choice contributions, which requires a minimum of five (5) years of participation.\*
  2. For Public Employees' Retirement Fund (PERF) members, the member's current employer must have already opted to allow employees this Second Chance Election by resolution.
  3. For Teachers' Retirement Fund (TRF) members, per statute, all TRF employers allow the Second Chance Election.
  4. The member must currently be employed in a PERF/TRF My Choice-covered position.
  5. For PERF, the current My Choice position must also be eligible for the Hybrid Fund.
  6. The start/transition date of this member's election cannot be retroactive.
- This form only applies to the current member and employer relationship.

**MEMBER INFORMATION AND ACKNOWLEDGEMENT**

Member name	Social Security number <i>(last 4 digits)</i> *
Position title	You are currently a member of* <input type="checkbox"/> PERF <input type="checkbox"/> TRF
Current employer name	Are you currently in My Choice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Member e-mail address, if applicable	Are you fully vested in My Choice?*
<input type="checkbox"/> Yes <input type="checkbox"/> No	
I hereby elect to make the one-time, irrevocable election to convert from the My Choice Plan to the Hybrid Plan. I acknowledge that this election is irrevocable.	
Member signature	Date <i>(mm/dd/yyyy)</i>

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Member name	Social Security number <i>(last 4 digits)</i> *
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**EMPLOYER INFORMATION**

Submission unit name	Submission unit number
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Start/transition date (beginning of payroll <i>(mm/dd/yyyy)</i> )	
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Contact name	Contact title
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I acknowledge/certify that the member is currently in a PERF My Choice position that is also eligible for PERF Hybrid.

Employer signature	Date (mm/dd/yyyy)
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**INSTRUCTIONS FOR**

**PUBLIC EMPLOYEES' RETIREMENT FUND (PERF) / TEACHERS' RETIREMENT FUND (TRF) MY CHOICE SECOND CHANCE MEMBER ELECTION**

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**IMPORTANT**

1. Remove any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on this form.
2. Type or print using black ink.
3. **The member must complete the MEMBER INFORMATION AND ACKNOWLEDGEMENT section of this form and submit the completed form to the member's current employer's Human Resources (HR) department.**
4. The employer must complete the EMPLOYER INFORMATION section and submit the completed, signed, and dated form to INPRS for processing.
5. INPRS reviews the submitted form for member eligibility, employer participation, and completeness.
6. If approved by INPRS, the election request is processed. The member and employer are notified when the member's account has been updated to reflect the member's election to participate in the Hybrid Plan.

**NOTE: The member's account cannot be processed for the second chance election until all reporting for the member is current through the start/transition date identified in the EMPLOYER INFORMATION section below.**

7. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address shown on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
8. Questions? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday..

<b>REQUIREMENTS</b>	
Review the information provided in the REQUIREMENTS section of this form.	
Entry field	Field description
<b>MEMBER INFORMATION AND ACKNOWLEDGEMENT</b>	
Member name	Enter the complete name of the member. This must be at the top of each page of this form that is submitted to INPRS.
Social Security number*	Enter the last four digits of the member's Social Security number.*
Position title	Enter the position title
You are currently a member of	Select <b>PERF</b> or <b>TRF</b> .
Current employer name	Enter the current employer name for this member.
Are you currently in My Choice	Select <b>Yes</b> or <b>No</b> .
Member e-mail address	Enter the member e-mail address, if applicable
Are you fully vested in My Choice?*	Select <b>Yes</b> or <b>No</b> . See REQUIREMENTS for vesting information.
I hereby elect to make the one-time, irrevocable election to convert from the My Choice Plan to the Hybrid Plan. I acknowledge that this election is irrevocable.	
Member signature	The member must sign and date this form before submitting it to the HR department of the member's current employer.
Date	
<b>EMPLOYER INFORMATION</b>	
Submission unit name	Enter the submission unit name
Submission unit number	Enter the submission unit number
Start/transition date (beginning of payroll)	Enter the Start/transition date (beginning of payroll. Format = mm/dd/yyyy)
Contact name	Enter the name of the employer contact
Contact title	Enter the title of the employer contact
I acknowledge/certify that the member is currently in a PERF My Choice position that is also eligible for PERF Hybrid.	
Employer signature	This form must be signed and dated by the employer before submitting the completed form to INPRS. Date format = mm/dd/yyyy
Date	

<b>HELPFUL INFORMATION</b>			
	INPRS/TRF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
<b>Telephone numbers</b>	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local
	(844) 464-6777 Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
	(866) 591-9441 Fax Toll-free	(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
<b>Web site</b>	<a href="http://www.inprs.in.gov">www.inprs.in.gov</a>	<a href="http://www.irs.gov">www.irs.gov</a>	<a href="http://www.in.gov/dor">www.in.gov/dor</a>