

OPTIONAL RETIREMENT PROGRAM (ORP) CERTIFICATION FORM

Name: Empl. ID:

Dept: Hire Date: Ext:

1. Prior to this employment have you been offered the opportunity to participate in an Optional Retirement Program (ORP) by a state-supported institution in Texas?

Yes No

2. Have you been a participant in an Optional Retirement Program (ORP) at a state-supported institution in Texas in lieu of the Teacher Retirement System?

Yes No

If "yes", please complete the following information.

Name of ORP investment company: _____

Did you withdraw your contributions? Yes No

Years withdrawn or last contribution made: _____

Were you vested? Yes No

Name of institution where you last participated in ORP: _____

3. Have you ever been enrolled in the Teacher Retirement System of Texas?

Yes No

If "yes", please complete the following information.

Name of institution where you last were a member: _____

Did you withdraw your contributions? Yes No

Year withdrawn or last contribution made: _____

4. Do you choose to participate in the optional Retirement Program?

Yes No

If yes, the following facts apply to your enrollment.

1. You have 90 days from you eligibility date to submit an application for participation in ORP. If you fail to do so during the first 90 days of eligibility, you will forfeit your right to participate in the ORP and must remain in the Teacher Retirement System of Texas for the remainder of your employment at a state supported institution in Texas.
2. You will be enrolled in the Teacher Retirement System of Texas until the application for ORP participation is received in the Human Resources Department. If it is received on or before your first date of employment, then ORP participation will commence as of your date of employment. Otherwise the effective date of membership is the first of the month following the date of receipt.
3. Your vesting date for ORP begins as of the enrollment date in the program. Any service during which you contributed to the Teacher Retirement System of Texas will not count toward the one year vesting period in the ORP.

HR Representative: Date:

Employee Signature _____ Date: