

ORPSalary Reduction Acknowledgement/Change of Company

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name (Print)

Social Security Number

Department

Institution or Agency Name

INSTURCTIONS

1. Complete section A or Bas appropriate, then sign Section C.
2. Attach copy of company application (if available).
3. Attach a TRS-28 form and a TRS-29 (if required) for initial Optional Retirement Program (ORP) election.
4. Make a copy for your records.
5. Return to Human Resources.

A. ELECTION TO PARTICIPATE

As my initial election to participate in the TTUSORP, I select (name of company) _____ and certify that:

1. I understand that my decision not to become a member or not to continue membership in the Teacher Retirement System of Texas (TRS) is irrevocable as required by law, unless I become an eligible employee in the Texas Public School System, other than in a Texas institution of higher education, or before my vesting date become employed in a position not eligible for continued participation in the ORP. By electing to participate in the ORP, I relinquish all rights to TRS benefits that I have previously accrued. I also understand that my previous contribution to TRS may not be rolled over to my ORP account.
2. I have been provided information regarding the benefits available through TRS, including TRS's life insurance and disability benefits, and it is my decision to select the ORP.
3. I understand that the applicable employer's contribution for the first full year of participation or fractional part thereof will be refunded to the employer by the company in accordance with the provisions of the Optional Retirement Statute in the event I do not begin a second year of employment with TTUS.
4. I understand and acknowledge that both my contribution and the employer's contribution to the ORP will be treated as non-elective, non-forfeitable, non-transferable contributions under Section 403(b) of the Internal Revenue Code (IRC). Additionally, my contributions to the ORP will be made by salary reduction as required by S.B. 1301, Acts of the 70th Texas Legislature. The contribution rates are subject to change at the discretion of the Texas Legislature. This agreement is irrevocable as long as I am a participant in the ORP or until it is determined by the appropriate authority that employee ORP contributions are elective within the meaning of Section 402 of the IRC.

B. CHANGE OF COMPANY

I elect to change my ORP company To: _____

From: _____

C. EMPLOYEE SIGNATURE

This election supersedes all previous elections. I understand that my election will become effective on my day of hire or eligibility, provided all necessary and properly completed ORP enrollment forms are signed and received by Human Resources office before the monthly payroll calculation for that month. Forms received after the monthly payroll calculation will be effective on the first of the following month. I understand that I bear the risk of the product(s) of my choosing, that the Texas Tech University System has no fiduciary responsibilities for the market value of any investments or the financial stability of this company, and that the Texas Tech University System is not liable for any tax consequences occurring under these programs.

Employee Signature

Date

D. TO BE COMPLETED BY HUMAN RESOURCES

Processed By

Date

RETURN TO:

Human Resources - Employee Services Center in Doak Conference Center Room 161
MS 1093 OR hrs.employee.services@ttu.edu OR fax: 806-742-1371