

**The University of Texas System
Optional Retirement Program
AUTHORIZATION FOR REDUCTION FOR EMPLOYEE CONTRIBUTION
For Employees Returning to ORP**

Name: _____ Employee Identifier: _____

The University of Texas _____

Date of Appointment: _____

You are hereby notified on this date, _____, 20____, that I have elected to participate in the Optional Retirement Program as provided under Section 830.001 *et. seq.*, *Texas Government Code*, to be effective _____, 20____ in lieu of the Teacher Retirement System (TRS) of Texas. I understand that by this election, I will not be eligible for TRS membership unless I:

- 1) cease to be employed by an institution of higher education and become employed by the Texas Public School System other than in an institution of higher education;
- 2) cease to be employed by an institution of higher education and become employed by a Texas public educational institution or agency that is covered by TRS but does not offer ORP in lieu of TRS; or
- 3) cease to be eligible for membership in the Optional Retirement Program, in which event I will be required to become a member of TRS if I am eligible for membership in the latter.

I understand that benefits in the Optional Retirement Program vest in a participant on the first day of the second year of active participation. I also understand that Optional Retirement Program benefits are available only if the participant attains the age of 70 ½ years or terminates participation in the program. A participant terminates participation by:

- 1) death;
- 2) retirement (including disability retirement); or
- 3) termination of employment in all Texas public institutions of higher education.

I understand that I must select a vendor from the U.T. System list of currently authorized ORP vendors at the same time that I elect to participate in ORP. I understand that failure to select and enroll with a vendor may result in disciplinary action up to and including termination of employment.

I designate the following as my vendor(s) for my ORP participation (must equal 100%):

_____	_____ %
_____	_____ %
_____	_____ %

Signature of Employee

Date

To be completed by Human Resources/Benefits Office:

Authorized Signature

Date