



The Texas A&M University System

ORP Information Acknowledgment Form

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

If you have previously participated in or have been eligible to participate in the Texas Optional Retirement Program (ORP), or if you think you may have previous participation, you will need to complete the Prior ORP Participation Acknowledgment Form.

1. Selection of ORP in lieu of the Teacher Retirement System (TRS) entails certain responsibilities for the employee, including selection and monitoring of ORP companies and investments.
2. The Texas A&M University System has no fiduciary responsibility for the market value of ORP participants' investments or for the financial stability of the ORP companies selected by the participants.
3. The amount the state contributes to ORP is determined by the Texas Legislature and may change over time.
4. I certify that I have never been given the opportunity in the past to enroll in ORP in Texas. I understand that I have 90 days from my date of eligibility, which is (mm/dd/yy) _____, to enroll in ORP, that this time limit will expire on (mm/dd/yy) _____, and that this is a one-time irrevocable choice between the ORP and the TRS. I understand I will be automatically enrolled in TRS until I enroll in ORP prior to the expiration date listed above. I further understand that failure to enroll in ORP prior to the expiration date listed above will automatically and permanently enroll me in the Teacher Retirement System of Texas for the remainder of my employment in Texas public higher education.
5. If I am in a visiting, adjunct, temporary or any other ORP-eligible position that may not be expected to last for more than 12 months, I understand that this is my one and only opportunity to elect ORP in lieu of TRS. In addition, I understand that failure to enroll in ORP at this time will eliminate any future opportunities to enroll in ORP even if I have an extended break in service from Texas institutions of higher education. This is my one-time, irrevocable choice, and I understand that I will not have another opportunity to enroll in ORP if I return to an ORP-eligible position in Texas.
6. I understand that all necessary and properly completed ORP enrollment forms must be received by the appropriate Personnel/ Human Resources or Payroll office within the 90-day election period and before the monthly payroll calculation in order to be effective that month. Forms received prior to the expiration of my ORP election period but after the monthly payroll calculation will be effective on the first of the following month.

I have read and understand the above statements concerning responsibilities that an employee undertakes upon selection of the Optional Retirement Program (ORP) in lieu of the Teacher Retirement System (TRS). I have been furnished a copy of "An Overview of TRS and ORP" as a source of information about my retirement decision.

Name (Print)

Social Security number or UIN

Position or title

Telephone number

Department

E-mail address

Employee signature

Date (mm/dd/yy)