

Del Mar College requires information regarding retirement plans that may have been offered, and which you may be contributing to from previous employers. Please indicate below your status regarding the Teacher Retirement System of Texas (TRS) and/or the Optional Retirement Program (ORP).

STATUS			
<input type="checkbox"/> I have never been a TRS or ORP member. <i>If you are selecting this box, you may complete this form by signing below.</i>			
TEACHER RETIREMENT SYSTEM OF TEXAS (TRS)	Retirement withheld from the pay of employees who meet the eligibility requirements as determined by the Teacher Retirement System of Texas. The percentage rate of salary paid by the employee conforms to Texas requirements.		
<input type="checkbox"/> I am a former TRS member. Name of Employer:			
<input type="checkbox"/> I am a current TRS member. Name of Employer:			
<input type="checkbox"/> I am currently employed on a part-time basis at Del Mar College and am currently contributing to TRS through another employer. Name of Employer:			
TRS Retirees			
<i>*** It is your responsibility to ensure you do not exceed the work restrictions set forth by TRS. Please refer to the TRS Benefits Handbook.</i>			
<input type="checkbox"/> I am retirement-eligible through TRS. Name of Employer:			
<input type="checkbox"/> I am a retiree currently receiving an annuity from TRS.*** Date Began Receiving:			
<input type="checkbox"/> I am a retiree enrolled in a TRS Health Care Plan.*** Name of Employer:			
OPTIONAL RETIREMENT PLAN (ORP)	The Optional Retirement Program (ORP) is available as an alternative for full-time faculty, librarians, and certain administrators and professionals. ORP-eligible employees have 90 days from their first day of employment in an ORP-eligible position to make a one-time <i>irrevocable</i> election of ORP in lieu of TRS.		
<input type="checkbox"/> I have chosen ORP in lieu of TRS. Name of Employer:			
<input type="checkbox"/> I am a current contributing ORP member.			
ORP Retirees			
<input type="checkbox"/> I am a retiree through ORP. Name of Employer:			
<input type="checkbox"/> I am a retiree currently receiving an annuity from my ORP investment provider. Date Began Receiving:			
RETIREMENT			
<input type="checkbox"/> I am a retiree through ERS through previous state employment. Department / Agency:			
EMPLOYEE SIGNATURE	I understand that if my employment or retirement status changes, I must contact the HR Office at Del Mar College.		
Print Name (Last, First, Middle)		Signature	Date
HR USE ONLY	Colleague ID #	<input type="checkbox"/> Info Entered Into Colleague <input type="checkbox"/> Original to Payroll / Copy to Benefits	