



NOTICE OF ELECTION TO PARTICIPATE IN OPTIONAL RETIREMENT PROGRAM

PLEASE PRINT

Name _____ Federal Tax or Social Security No. _____

Address _____
Street Address or Box Number City State Zip Code

Institution _____
Name City

ELECTION OF FACULTY MEMBER

Effective _____, I elect to participate in the Optional Retirement Program (ORP) established under Chapter 830, Texas Government Code, in lieu of membership in the Teacher Retirement System of Texas (TRS). I understand that by this election I will not be eligible for membership in TRS unless I 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. I further understand that by electing the ORP, I forfeit all accrued rights to benefits from TRS, if any. I am entitled only to a refund of my TRS contribution, if any, and applicable interest. Submission of this form does not constitute a request for refund of my TRS contributions, if any. I understand this election is irrevocable.

I designate _____ as my insurance carrier under the program.

Signature of Faculty Member _____ Date _____

THE STATE OF TEXAS; COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that this person executed the same for the purpose therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _____ day of _____

Notary Public in and for _____ County, Texas (SEAL)

AFFIDAVIT OF GOVERNING BOARD OFFICIAL

This is to certify that _____ is a faculty member of
Name of faculty member

Name of institution of higher education

is employed on a full-time basis; is eligible to participate in the Optional Retirement Program; and (is) (is not) a member of the Teacher Retirement System of Texas. I hereby certify that the faculty member became eligible to exercise the option to participate in the Optional Retirement Program on the _____ day of _____, and elected to participate in the Optional Retirement Program on the _____ day of _____.

Signature of Governing Board Official Title

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ day of _____,

Notary Public in and for _____ County, Texas (SEAL)

NOTE: If this person is a member of the Teacher Retirement System, please send this form and form TRS 29 with the report for the last month in which the faculty member is being reported to the Teacher Retirement System.