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

Revised: 12/16/04