

**Sam Houston State University**  
**Acknowledgement of Optional Retirement Program (ORP)**  
**90-Day Enrollment Deadline, Rules and Information**

**Instructions:** *To be completed by all new full-time faculty, administrators, coaches, lawyers, engineers, and physicians. If not full-time, sign below to acknowledge eligibility of ORP if and when appointment is full-time.*

**Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ **Full-Time** \_\_\_\_ Yes \_\_\_\_ No  
**Job Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**ORP Eligibility Election Period Dates: Beginning** \_\_\_\_/\_\_\_\_/\_\_\_\_ **- Ending** \_\_\_\_/\_\_\_\_/\_\_\_\_

**A.** Have you ever been previously employed in a position eligible to elect participation in the ORP at another Texas institution of higher education? \_\_\_\_ Yes \_\_\_\_ No  
*If yes, did you opt out of ORP? \_\_\_\_ Yes \_\_\_\_ No ( If yes, skip to signature line.)*

**B. Have you ever been a member of ORP with another institution of higher education in Texas?** \_\_\_\_ Yes \_\_\_\_ No  
*If yes, the Texas ORP Prior Participation Verification Form is required, in addition to the following:*

Name of Institution: \_\_\_\_\_  
Initial Date of Texas ORP Participation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Date of Texas ORP Participation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Vested: \_\_\_\_ Yes \_\_\_\_ No Last Matching Contribution: \_\_\_\_\_ %  
Did you elect to withdraw your account upon termination? \_\_\_\_ Yes \_\_\_\_ No  
Have you since been employed by the Texas Public School System in an institution other than Higher Education?  
\_\_\_\_ Yes \_\_\_\_ No

**C.** *I hereby acknowledge and agree that I am eligible for the Texas Optional Retirement Program (ORP) for the first time. I understand that I have a one-time period of ninety (90) calendar days from my beginning eligibility date to enroll in ORP (this enrollment deadline also applies to those appointed on a "visiting" status for at least one full semester). The 90-day waiting period begins on the first day of eligibility to participate in TRS and continues to run even after separation. Employee can continue to participate in ORP if less than full-time only after completing one long semester at full-time. I also understand that retirement contributions will be paid to the Teacher Retirement System (TRS) until I elect to participate in the ORP, and that I must complete a TRS enrollment form. The State matching contributions to the TRS are not refundable, only my contributions.*

*I further understand that in accordance with state regulations, failure to enroll in ORP before the expiration date of my one time 90-day election period will automatically and permanently enroll me in TRS. I understand that vesting of the state-matching contributions to ORP occurs on the first day of the second year of ORP participation. A year shall mean twelve (12) cumulative full months. A full calendar month of leave without pay shall not be included in the calculation of such year. An academic faculty member shall be credited the three (3) summer months toward vesting in the ORP provided the faculty member was participating in ORP the Spring semester immediately preceding the summer and the Fall semester immediately following the same summer. I realize that if I do not continue my employment and ORP participation at Sam Houston State University until vested, the state matching contributions must be refunded to the University unless I transfer with no break in service to another Texas state institution of higher education in an eligible ORP capacity. I understand that the selecting of the ORP in lieu of the TRS entails certain responsibilities for me, including selecting and monitoring of ORP companies and investments; that my employing institution has no fiduciary responsibility for the market value of my investments or for the financial stability of the companies selected by me; that if I anticipate enrolling in retiree group insurance as an ORP retiree at a later date, I should refrain from withdrawing all of my ORP funds as this could affect insurance eligibility; and that it is my sole responsibility to contact a SHSU-ORP vendor and arrange for the completion and submission of the (1) Sam Houston ORP Salary Reduction Agreement form, (2) TRS 28- Notice of election to participate in ORP, and (3) TRS 29-Application for Refund if applicable for my enrollment into the ORP. Finally, I acknowledge that the retirement contribution rate is not guaranteed, may be different percentages among employees based upon one's initial eligibility period, and is subject to legislative change.*

Employees must report to their employer all outside retirement contributions to a qualified plan, Keogh, and simplified employee pension (SEP) plan.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_