

Sam Houston State University Human Resources

Prior Participation Certification Form Optional Retirement Program (ORP)

I participated in Texas ORP at the following Texas state university, state college, or public community college:

Name(s): _____ Dates of Participation: _____

Print Name: _____ Social Security #: _____ - _____ - _____

By my signature below, I authorize and request my Texas Higher Education Institution to verify participation in the Texas Optional Retirement Program. I understand that to be eligible for the higher ORP matching rate, I must have been a participant in Texas ORP on or before August 31, 1995. I understand ORP contributions are not guaranteed and may fluctuate.

Signature: _____ **Date:** ____/____/____

To Be Completed by Prior ORP Employer:

Employee's Title: _____

Agency Name and Address: _____

First Effective Date in Texas ORP: ____/____/____

Official Last Day of Employment (if applicable): ____/____/____

Last State ORP Matching Contribution Rate: _____% Vested: ____ Yes ____ No

Current or Last ORP Carrier: _____

If not vested and in a multiple employment status, please notify Sam Houston State University if the employee returns to a position not eligible for ORP prior to vesting.

Print Name: _____ Title: _____ Phone: _____

Signature: _____ **Date:** ____/____/____