

Sam Houston State University

A Member of The Texas State University System

HUMAN RESOURCES DEPARTMENT

P. O. Box 2356
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Fax (936) 294-3611

TEXAS OPTIONAL RETIREMENT PROGRAM PRIOR PARTICIPATION CERTIFICATION FORM

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.

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 #: _____ - _____ - _____

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.

Signature of Authorized Official: _____ Date: ____/____/____

Print Name: _____ Title: _____ Phone: _____