

Sam Houston State University Human Resources

Vesting Certification Form

Instructions: Complete applicable parts, sign, and return to:
Human Resources Department, Box 2356, Huntsville, Texas 77341-2356 Phone: (936) 294-1070

A. Action Section: (To be completed by employee or employer)

- Retirement Voluntary Separation
 Request for return of State contributions (for non-vested employees: see Section D)
 Verification to allow ORP employees that have not terminated to transfer their ORP individual and state matching 403(b) funds according to Texas ORP and IRS rules and regulations
 Other: _____

B. Employee Section:

Name: _____ SS#: _____ - _____ - _____
 Address: _____ Date of Birth: ____/____/____
Street or Box #

City State Zip

Company to Notify:

Name: _____ Address/Fax: _____

1. Affidavit That Employment in Another Texas Public Institution of Higher Education is Contemplated and Will Restrict Access to my ORP Funds.

I hereby certify that I have permanently terminated my employment with Sam Houston State University, effective ____/____/____ and further certify that I have accepted or anticipate employment in Texas Higher Education to be effective ____/____/____ with (college/university) _____

2. Affidavit That Employment has Permanently Terminated (Except as authorized by early or modified retirement programs).

I hereby certify that I have permanently terminated my employment with Sam Houston State University, effective ____/____/____ and that I do not have an employment contract, either oral or written with any other Public Institution of Higher Education in Texas.

Signature of Employee: _____ **Date:** ____/____/____

Note: If you anticipate enrolling in retiree group insurance as an ORP retiree now or at a later date, you should refrain from withdrawing all ORP funds as this could affect insurance eligibility.

C. For Human Resources Department Use Only

- Employee - did not exit interview
 Employee Deceased - Date of Death ____/____/____
 Original: Employee
 cc: Records

D. Human Resources Certification

In accordance with provisions of the Optional Retirement Program this document will officially certify retirement vesting. If the employee is retiring or separating employment and has not vested by participating in the ORP for more than one year and one day, return the contributions designated as State ORP funds with an employee identifier. Do not close the account prior to receipt of last contribution report corresponding with separation date.

Note: _____

Employment Date: ____/____/____ **Retirement or Separation Date:** ____/____/____ **ORP Vested :** ___ Yes ___ No

Human Resources Representative: _____ **Date:** ____/____/____