



# 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_