

Authorization for Reduction of Employee Contributions

July 2024

Instructions: Return completed form to Human Resources: JCK 360, or fax 512.245.1942. Questions may be directed to hrbenefits@txstate.edu or call 512.245.2557.

Employee Name: _____ **Texas State ID #:** _____

please print

You are hereby notified that I elect to participate in ORP to be effective _____, in lieu of TRS of Texas. I understand that by this election, I will not be eligible again for membership in TRS of Texas unless I cease to be employed by a State institution of higher education and become employed by the Texas Public School System or I cease to be eligible for ORP membership according to the State requirements. I understand that Texas State will purchase an annuity in lieu of a portion of my salary (as a salary reduction) with respect to amounts earned on and after the execution of my ORP election, pursuant to the provisions of Sections 403(b), 401(g), and 415, United States Internal Revenue Code, as amended; as authorized under Sections 51.351-51.358, Vernon's Annotated Civil Statutes, as amended; as authorized under Section 36.001 et. seq. of Title 110B, Texas Revised Civil Statutes; and under Article 6228a-5, Vernon's Texas Civil Statutes, as amended.

I further acknowledge that if I presently am or have been a member of the TRS, that upon withdrawal of my contribution, I hereby forfeit and relinquish all accrued rights as a member of the TRS.

I acknowledge that the employer contribution (or fractional part thereof) during my period of ORP participation will be refunded to the State of Texas by my ORP carrier in the event that I do not complete my year and one day of ORP participation with Texas State or another institution of higher education in accordance with the ORP statutes. I understand that my ORP benefits are available only if I:

- die;
- retire (including disability retirement);
- terminate employment with all public institutions of higher education in Texas; or
- attain the age of 70 ½ years.

I hereby designate _____ as the carrier for my ORP. I understand that if for any reason I am not satisfied with the carrier chosen, I will have an opportunity to change carriers any month during the year. I also understand that I must complete all other required forms and submit them with this form in order for my ORP election to be effective.

I acknowledge being notified that, with exceptions, I have the right to be informed of and to receive, review, and, if necessary, correct the information that Texas State University collects on me.

Signature of Employee: _____ **Date:** _____