TEXAS TECH UNIVERSITY SYSTEM ORP

Salary Reduction Acknowledgment/Change of Company

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name (Print)		Social Security Number
Department		Institution or Agency Name
INSTRUCTIONS		- ·
 Complete Section A or B as appropriat Attach copy of company application (if 		complete Section D.
. Attach a TRS-28 form and a TRS-29 form (if required) for initial Optional Retirement Program (ORP) election.		
 Make a copy for your records. Return to your Personnel/Human Resort 	ources or Payroll office.	
A. ELECTION TO PARTICIPATE	•	
As my initial election to participate in the and certify that:	ne TTUS ORP, I select (nam	e of company)
Texas (TRS) is irrevocable as required other than in a Texas institution of high continued participation in the ORP. By	I by law, unless I become an ner education, or before my v relecting to participate in the	ontinue membership in the Teacher Retirement System of eligible employee in the Texas Public School System, vesting date become employed in a position not eligible for ORP, I relinquish all rights to TRS benefits that I ns to TRS may not be rolled over to my ORP account.
I have been provided information regarding the benefits available through TRS, including the TRS's life insurance and disability benefits, and it is my decision to select the ORP.		
3. I understand that the applicable employer's contribution for the first full year of participation (or) fractional part thereof) will be refunded to the employer by the company in accordance with the provisions of the Optional Retirement Statute in the event do not begin a second year of employment with TTUS.		
nonelective, nonforfeitable, nontransfer Additionally, my contributions to the OF Legislature. The contribution rates are	rable contributions under Se RP will be made by salary re subject to change at the dis nt in the ORP or until it is de	mployer's contribution to the ORP will be treated as action 403(b) of the Internal Revenue Code (IRC). duction as required by S.B. 1301, Acts of the 70th Texas acretion of the Texas Legislature. This agreement is termined by the appropriate authority that employee ORP IRC.
B. CHANGE OF COMPANY		
I elect to change my ORP company	From:	
	To:	
eligibility, provided all necessary and p Personnel/Human Resources office be payroll calculation will be effective on the choosing, that the Texas Tech Univers	properly completed ORP enroperor the monthly payroll calc the first of the following mont sity System has no fiduciary i	my election will become effective on my day of hire or ollment forms are signed and received by the appropriate culation for that month. Forms received after the monthly h. I understand that I bear the risk of the product(s) of my responsibilities for the market value of any investments or versity System is not liable for any tax consequences
Employee Signature		Date
D. COMPANY INFORMATION (required)	if using individual company	
Name of Representative	Company	
Telephone Number	Fax Number	E-Mail Address
E. TO BE COMPLETED BY YOUR PERS		
Processed by		Date