

Blinn College ORP Information Acknowledgment Form

If you have previously participated in or have been eligible to participate in the Texas Optional Retirement Program (ORP), or if you think you may have previous participation, you will need to complete the Prior ORP Participation Acknowledgment Form.

1. Selection of ORP in lieu of the Teacher Retirement System (TRS) entails certain responsibilities for the employee, including selection and monitoring of ORP companies and investments.
2. Blinn College has no fiduciary responsibility for the market value of ORP participants' investments or for the financial stability of the ORP companies selected by the participants.
3. The amount the state contributes to ORP is determined by the Texas Legislature and may change over time.
4. I certify that I have never been given the opportunity in the past to enroll in ORP in Texas. I understand that I have 90 days from my date of eligibility to enroll in ORP, and that this is a one-time irrevocable choice between the ORP and the TRS. I understand I will be automatically enrolled in TRS until I enroll in ORP. I further understand that failure to enroll in ORP prior to 90 days from my date of eligibility will automatically and permanently enroll me in the Teacher Retirement System of Texas for the remainder of my employment in Texas public higher education.
5. I understand that all necessary and properly completed ORP enrollment forms must be received by the Human Resources office within the 90-day election period and before the monthly payroll calculation in order to be effective that month. Forms received after the monthly payroll calculation will be effective on the first of the following month.

I have read and understand the above statements concerning responsibilities that an employee undertakes upon selection of the Optional Retirement Program (ORP) in lieu of the Teacher Retirement System (TRS). I have been furnished a copy of "An Overview of TRS and ORP" as a source of information about my retirement decision.

Name (print)

Blinn ID number

Position or title

Telephone number

Department

Email address

Employee signature

Date

Witness

Date