Massachusetts Department of Higher Education

ORP Enrollment/Change Form

EMPLOYEE SECTION. Please read and complete this section and return the form to your Human Resources office.

First Name	MI	Last Name		Social Security #	Employee ID #
				____ - ___ - _____	
Home Address		**City**	**State**	**ZIP Code**	**Date of Birth**
Institution/Campus		**E-mail Address**		**Daytime Telephone**	

I. ELECTION

To enroll in the Massachusetts Optional Retirement Program (ORP), you must certify that the following statements are true: *(please initial on both lines)*

Initials required

____ I was provided with sufficient information regarding the State Employees' Retirement System (SERS) and the Optional Retirement Program with which to make an informed decision about my retirement plan, and **I further understand that my election is irrevocable**, and;

____ I am not vested in any retirement plan operating under Chapter 32 of the Massachusetts General Laws (typically the SERS, Massachusetts Teachers' Retirement, and county/municipal plans).

II. OPTIONAL RETIREMENT PROGRAM PROVIDER

I elect to have my ORP contributions invested, and have established my ORP account online, with: *(check one)*

____ Fidelity ____ TIAA-CREF ____ VALIC

Printed proof of established account with provider must be included when returning this form.

III. PRIOR PARTICIPATION

I have participated in the ORP previously through prior employment within the Commonwealth of Massachusetts:

____ Yes ____ No

IV. SIGNATURE

Date: _____ Employee's Signature: _____

ADMINISTRATOR SECTION. To be completed by Human Resources office.

Employee's Job Title		Date of Hire	Type of Enrollment (Check one)
			__ New __ Change in Provider __ Rehire
Effective Date of ORP Eligibility	**End Date of 180-day Election Period**	**Date of Payroll System Update**	**Plan Entry Date**

Forms Required by DHE	Date Provided to Employee	Date Received from Employee
Notice of Eligibility		
ORP Enrollment/Change Form		
Insurance Enrollment		
Proof of Enrollment with a Provider		
SSA-1945		
SERS Withdrawal (not required at initial enrollment. Can be submitted at a later date)		

Date: _____ Administrator Signature: _____