ORP Enrollment/Change Form
To be completed by employees selecting ORP coverage

Please read each section carefully, completing those parts applicable to your situation. Sign and date the form, and then return it to the Benefits Administrator on your campus, along with all other enrollment forms. *Please remember to keep a copy for your own files.*

First Name	MI	Last Name		
Home Address	**City**		**State**	**ZIP**
Institution/Campus	**Date of Hire**		**Social Security #**	
Daytime Telephone	**E-mail Address**			

I. ELECTION SECTION

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

_____ (Initial) I was provided with sufficient information regarding the State Employee Retirement System and the Optional Retirement Program to make an informed choice, and **<u>I further understand my selection is irrevocable</u>**, and;

_____ (Initial) I am not vested in the State Employee Retirement System or other plan governed by Chapter 32 (e.g. MassTeachers, County plans).

II. ELIGIBLE POSITION

A. My job title is: *(check one)*

____ Faculty ____ Vice Chancellor

____ Chancellor ____ Vice President

____ President ____ Dean

B. University of Massachusetts Administrators:

My position title is _____ and has been designated as a: *(check one)*

____ Senior Administrator I ____ Senior Administrator III

____ Senior Administrator II ____ Senior Administrator IV

III. OPTIONAL RETIREMENT PROGRAM PROVIDER SELECTION

A. This is a: *(check one)*

____ New Enrollment ____ Change in Program Provider

B. If this is a change in program provider, the date of last selection was _____.

C. Effective with the payroll period beginning Sunday, _____* , and thereafter, I elect to have my ORP contributions and employer contributions invested with: *(check one)*

____ Lincoln National ____ TIAA-CREF ____ AIG Retirement

** Plan Entry Date is the first day of the payroll period following completion of **all** ORP enrollment forms and submission of your forms to your campus Benefits Administrator.*

IV. TRANSFER OF STATE EMPLOYEE RETIREMENT SYSTEM ACCOUNT/BALANCE *(check one)*

____ I hereby elect to transfer my current account/balance in the SERS to the ORP and have executed the required Withdrawal Notice.

____ I hereby elect to leave my existing account/balance with the SERS.

____ I do not have an account/balance in the SERS.

V. REQUIRED SIGNATURES

Date: _____ Employee's Signature: _____

Date: _____ Benefits Administrator Signature: _____
(after ensuring completion of above information)