



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 #
			XXX-XX- _____	
Home Address		City	State	ZIP Code
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)*

- _____ 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

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

Form	Date Provided to Employee	Date Received from Employee
Notice of Eligibility		
ORP Enrollment/Change Form		
Insurance Enrollment		
SSA-1945		
SERS Withdrawal		

Date: _____ Administrator Signature: _____