

**THE UNIVERSITY OF HOUSTON  
ORP ELIGIBILITY CERTIFICATION FORM**

---

1. Participation in the Optional Retirement Program (ORP) in lieu of the Teachers Retirement System of Texas (TRS) is a one-time irrevocable decision.
2. The election to participate in ORP must be made in writing within 90 days of the date of becoming eligible. Your eligibility to participate begins on \_\_\_\_\_.
3. Failure to elect ORP in writing within the 90-day eligibility period results in the forfeiture of all future rights to participate in ORP in the State of Texas.
4. State matching contributions are forfeited for the month of participation in TRS prior to election ORP.
5. A faculty member in a visiting, adjunct, temporary position or any other ORP-eligible position that may not be expected to last for more than 12 months will have only this one opportunity to elect ORP in lieu of TRS. Failure to enroll in ORP at this time eliminates any future opportunities to enroll even if the employee returns to an ORP-eligible position.
6. The University of Houston has no fiduciary responsibility for the market value of the ORP participant's investments or for the financial stability of the ORP companies selected by the participant.
7. The amount of the State contribution to ORP is determined by the State Legislature and could be changed at a future date.
8. The ORP carrier selection must be made from the list of vendors that have been approved by the University of Houston.
9. All the necessary and properly completed ORP enrollment forms must be received by the appropriate Benefits/Human Resources office within the 90-day election period. All forms must be received prior to the monthly payroll calculation in order to be effective for that month. Forms received after the monthly payroll calculation will be effective on the first of the following month.

*I certify that I have never been given the opportunity to enroll in ORP in the State of Texas. I understand that I have 90 days from my date of eligibility to enroll in ORP. I understand that this time limit will expire \_\_\_\_\_ and that this is a one-time irrevocable decision between the ORP and TRS. I understand that I will automatically be enrolled in TRS until I enroll in ORP. I understand that all the state matching contributions made to TRS each month, prior to my election of ORP will be forfeited. I further understand that failure to enroll in ORP prior to the expiration date listed above will automatically and permanently enroll me in TRS for the remainder of my employment in Texas public higher education.*

*I have read and understand the above statements concerning the 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 all the necessary information about my retirement decision, including a summary of the Optional Retirement Program, certification form and a list of approved vendors. I understand that this certification form must be completed and returned immediately to the Benefits Office (Mail Code 5009). The Benefits Office can be contacted at (713) 743-5743.*

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Department

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date