

# Board of Regents Retirement Plan Enrollment Form

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

ALL new Optional Retirement Plan (ORP) eligible employees must complete this form and return to the Benefits Office (MC 0435). If selecting to enroll in the ORP plan, application(s) for all elected companies must be returned with this form.

Please select one (1) of the following options:

**Teachers Retirement System of GA (TRS)**

I hereby give notice to Board of Regents of my selection to be member of **Teachers Retirement System of Georgia**. I understand that this selection is *irrevocable* during the tenure of my employment in a covered position with the Board of Regents.

Please note: You will receive a Welcome Package from the Teachers Retirement System of Georgia, after they receive your first deduction.

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

\_\_\_\_\_  
Date

**Optional Retirement Plan (ORP)**

I have elected to participate in the Board of Regents Optional Retirement Plan (ORP) and have completed the required application(s) with the following ORP company(ies). The total of my 5% contribution and the Institution's 9.24% contributions is to be paid to:

- |                  |                   |
|------------------|-------------------|
| 1. Company _____ | Percent (%) _____ |
| 2. Company _____ | Percent (%) _____ |
| 3. Company _____ | Percent (%) _____ |
| 4. Company _____ | Percent (%) _____ |
|                  | Total (%) _____   |

In making this election, I understand that under current law, my decision to participate in the ORP is *irrevocable* and I acknowledge that I am responsible for all investment decisions regarding this plan. I further understand that per calendar year, I may change Investment Company and/or the percentage forwarded to each company by completing the required forms, quarterly.

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

\_\_\_\_\_  
Date