

Notice of Election to Participate in the ORP or the TCRS

Tennessee Consolidated Retirement System

502 Deaderick Street
Nashville, Tennessee 37243-0201
800-922-7772 ♦ RetireReadyTN.gov



This election is made with the understanding that you must participate in either the Optional Retirement Program (ORP) or the Tennessee Consolidated Retirement System (TCRS) under the following conditions:

- (1) You cannot participate in both plans at the same time;
- (2) With limited exceptions, the election to participate in the ORP is generally irrevocable as long as you work for a state-supported institution of higher education in an ORP-eligible position regardless if you have terminated employment; and
- (3) Under current law, a member of TCRS who is eligible to participate in the ORP may elect to transfer prospective membership to the ORP upon complying with specified filing requirements. Employee contributions may be transferred, but employer funds will not be transferred.

Please select one of the following:

- I hereby elect to participate in the **Optional Retirement Program** and, thereby, waive my right to participate in the Tennessee Consolidated Retirement System.
- I hereby elect to participate in the **Tennessee Consolidated Retirement System** and, thereby, waive my right, at this time, to participate in the Optional Retirement Program.

SECTION 1. APPLICANT INFORMATION

Member ID	Last 4 SSN XXX-XX-	Date of Birth
Full Name	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address		
City	State	Zip Code
Email	Phone Number	
Employer	Department Code	
Title of Position		
Date of Employment	Date of First ORP Contribution	
Have you ever been a member of the Tennessee Consolidated Retirement System?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give the name of the Department in which you were employed		
Have you ever made contributions to the ORP through a school located in Tennessee?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give the name of the school or institution		
I have read the foregoing instrument and have elected to join either the ORP or the TCRS and execute a waiver of all prospective benefits in the plan for which I have elected not to join.		
Applicant's Signature		Date

**Tennessee Board of Regents
Optional Retirement Program (ORP)
Contribution Specification Form**

Employee Information:					
_____	_____	_____	_____-_____-_____ Social Security Number	____/____/____ Date of Hire	
Last	First	MI			

Premium Distribution Specification

Contribution Information:		
Company Name Total Distribution to VOYA _____% Total Distribution to TIAA-CREF _____%	Distribution _____% _____%	You may specify distribution of your ORP premiums among the two ORP companies. You must specify a percentage (no fractions) to each company in such a way that the sum of the percentages equal 100%. Each percentage must be a whole number.

By this election to allocate ORP contributions to the companies noted above, I acknowledge that I should complete enrollment form(s), select investment options, and designate a beneficiary for each company selected. If I fail to elect an investment option I will be defaulted to a target date fund with a presumed retirement at 65 years of age. This is my notification that I should determine if target date funds fit my circumstances.

Required Signature: _____ **Date:** _____

Transfer from TCRS to ORP only

To Be Completed By Employee:

I have completed the form(s) to transfer membership and/or funds from TCRS to the ORP as of ___/___/___.

Signature: _____ Date: _____

To Be Completed By Payroll:

Sick Leave Hours Balance _____ as of June 30, _____.

Effective Date for Distribution: _____.

For Official Use Only – Do Not Write In This Area					
New Hire Enrollment July 1, 2014 or later			Eligible Rehires & Changes for prior ORP Plan Members (before 7/1/14)		
Company Name	Code	Distribution	Company Name	Code	Distribution
VOYA	R50/51/52	%	VOYA	R20/21/22	%
TIAA-CREF	R60/61/62	%	TIAA-CREF	R30/31/32	%