



Office of Human Resources

Optional Retirement Program (ORP) Contribution Specification Form

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

PREMIUM DISTRIBUTION SPECIFICATION

Contribution Information:		
Company Name	Distribution	You may specify distribution of your ORP premiums between 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.
Total Distribution to VOYA	_____ %	
Total Distribution to TIAA	_____ %	

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	R60/61/62	%	TIAA	R30/31/32	%