F4.1

Lamar State College - Port Arthur

A Member of The Texas State University System

Prior ORP Participation Acknowledgment Form

Name (Print)	*Employee ID#*
Department	*Telephone number*

Please mark appropriate box:

PREVIOUS ELIGIBILITY –DID NOT ELECT ORP

❑ I certify that I have previously been eligible to elect participation in the Optional Retirement Program (ORP), but I elected to continue membership in the Teacher Retirement System (TRS) in lieu of ORP as my one-time irrevocable choice between ORP and TRS, or I did not exercise my option to elect ORP within my 90-day enrollment period and was subsequently defaulted into TRS.

PREVIOUS PARTICIPATION –VESTED IN ORP

❑ I certify that I have previously been enrolled in ORP for at least one year and one day through previous State of Texas employment and am therefore fully vested in ORP. I further acknowledge that I have had no intervening employment with the Texas Public School System and have not participated in TRS since becoming a member of ORP. I understand that I am required to remain in ORP for the duration of my employment in an institution of higher education in the State of Texas and that I must submit ORP enrollment forms immediately.

Previous Texas Higher Education Employer(s)	Title(s)	Employment Period(s)

PREVIOUS PARTICIPATION – NOT VESTED IN ORP

❑ I certify that I have participated in the ORP through previous State of Texas employment. I have less than one year and one day of prior ORP participation and am now re-employed in an ORP-eligible position. In order to continue my ORP eligibility and become vested I must submit the appropriate enrollment forms immediately. When I have completed one year and one day of cumulative ORP-eligible employment. I will be considered vested and will continue to participate in ORP for the duration of my employment with the State of Texas (except for employment with the Texas Public School System).

Previous Texas Higher Education Employer(s)	Title(s)	Employment Period(s)

INTERVENING TRS PARTICIPATION

❑ I certify that since participating in ORP I have been employed by the Texas Public School System and have participated in the TRS. I understand that because of my intervening TRS membership I must remain in TRS and will not be allowed to enroll in ORP.

NOT VESTED IN ORP – INELIGIBLE POSITION

❑ I certify that I have participated in ORP for less than one year and one day through previous State of Texas employment. I am now re-employed in a position that is not eligible for ORP. I acknowledge that I am not vested in ORP and that I must now enroll in TRS and must remain in TRS for the duration of my employment in an institution of higher education in the State of Texas.

I hereby authorize my previous Texas Higher Education employers to verify and release information to Lamar State College - Port Arthur regarding my employment and participation in the ORP and/or TRS.

I acknowledge being notified that, with exceptions, I have the right to be informed of and to receive, review, and, if necessary, correct the information that Lamar State College - Port Arthur collects on me.

Employee signature	*Date*

To be completed by the Human Resources Office:

I have verified the accuracy of the above information and certify this employee, if eligible for ORP participation, should receive an employer contribution rate of ❑ 6% or ❑ 8.5%.

Director of Human Resources	Signature	Date