

This form must be signed and submitted to your campus HR Benefits Office prior to the 6-month anniversary of your hire date into an ORP eligible position. Late submission of this form will result in automatic enrollment in the Public Employees Retirement System (PERS)/Oregon Public Service Retirement Plan (ORSRP), which cannot be reversed.

A. Personal Information

SSN: _____ Last Name: _____ First Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Phone: _____ Contact Email: _____
 Institution: _____ Hire Date: _____ Eligibility Date: _____

B. Other Employment Information

Prior to your current employment, have you ever worked for or are you currently working for another Oregon Public University or PERS covered employer?

If yes, complete the following: Employer Name: _____ From: _____ To: _____

C. Retirement Plan Election – Elect ONE plan. This is a one-time irrevocable election.

1. ☐ **Optional Retirement Plan (ORP)** (This box **must** be checked if selecting ORP)

a. **Choose your ORP Fund Sponsor** – You **must** select one of the fund sponsors below.

☐ **ORP: Fidelity Investments**

You must also set up your Fidelity online account and select your investment options at www.netbenefits.com/opurp.
 To request a Getting Started Guide and paper application call Fidelity at 800-343-0860.

☐ **ORP: TIAA**

You must also set up your TIAA online account and select your investment options at www.tiaa.org/opurp.
 To request a Getting Started Guide and paper application call TIAA at 800-842-2252.

b. **If you are a current PERS Tier 1, 2 or OPSRP member**, you must also complete the following steps:

- complete the PERS to ORP transfer from located on the PERS website at oregon.gov/pers
- check one of the boxes below
 - ☐ I currently have a PERS Tier 1, 2 or OPSRP account which I **do** want to transfer to the ORP.
 - ☐ I currently have a PERS Tier 1, 2 or OPSRP account which I **do not** want to transfer to the ORP.

D. Certification and Signature

1. I understand that the choice I make to select ORP is a one- time, irrevocable choice that will be effective as long as I am employed by the universities participating in the ORP, including future periods of employment or re-employment.
2. Contributions sent to an ORP fund sponsor selected in section C may be invested in an age-appropriate lifecycle fund until the fund sponsor receives my online or signed application form indicating my investment choice(s).
3. The Board and Plan Sponsor assume no responsibility for determining that investments I select are suitable for me. I agree to indemnify and hold the Board and Plan Sponsor, its officers, employees, and agents harmless from, and to pay the State of Oregon promptly on demand for, any and all losses, liabilities, claims, and costs, including reasonable attorneys' fees that may arise from my acts or omissions related to my selection of investments or services.

This release and indemnification is in addition to and in no way restricts any rights which may exist in law or under any other agreement(s) between me and Oregon Public Universities Retirement Plans.

Employee Signature: _____ Date: _____

*** Please keep a copy of this form for your records***

ORP Election Form Instructions

Your election must be signed and submitted by the 6th month anniversary of your hire date into an eligible position. Late submission or failure to submit will result in automatic enrollment in PERS/OPSRP

This form must be signed and submitted to your campus HR Benefits Office prior to the 6-month anniversary of your hire date into an ORP eligible position. Late submission of this form will result in automatic enrollment in the Public Employees Retirement System (PERS)/Oregon Public Service Retirement Plan (ORSRP), which cannot be reversed.

A. All information in this section is required for us to process your form.

A. Personal Information

SSN: _____ Last Name: _____ First Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Phone: _____ Contact Email: _____
 Institution: _____ Hire Date: _____ Eligibility Date: _____

B. This information will assist in verifying your eligibility to make this election.

B. Other Employment Information

Prior to your current employment, have you ever worked for or are you currently working for another Oregon Public University or PERS covered employer?
 If yes, complete the following: Employer Name: _____ From: _____ To: _____

C. If you elect the ORP, contributions will be sent to the fund sponsor you select. To avoid delays, setup your online investment account as soon as possible.

If you elect the ORP, and are a current PERS member, you will be placed into the tier based on your individual situation.

If you are already a PERS member and wish to remain in PERS, you will be placed into the tier based on your individual situation.

C. ORP Election—If you make no election, you be defaulted to PERS.

- ☐ **Optional Retirement Plan (ORP)** (This box must be checked if selecting ORP)
 - Choose your ORP Fund Sponsor** – You must select one of the fund sponsors below.
 - ☐ **Fidelity Investments**
 You must also set up your Fidelity online account and select your investment options at www.netbenefits.com/opurp. To request a Getting Started Guide and paper application call Fidelity at 800-343-0860.
 - ☐ **ORP: TIAA**
 You must also set up your TIAA online account and select your investment options at www.tiaa.org/opurp. To request a Getting Started Guide and paper application call TIAA at 800-842-2252.
 - If you are a current PERS Tier 1, 2 or OPSRP member**, you must also complete the following steps:
 - complete the PERS to ORP transfer from located on the PERS website at oregon.gov/pers
 - check one of the boxes below
 - ☐ I currently have a PERS Tier 1, 2 or OPSRP account which I **do** want to transfer to the ORP.
 - ☐ I currently have a PERS Tier 1, 2 or OPSRP account which I **do not** want to transfer to the ORP.

D. This is a one-time irrevocable election. For additional information on the ramifications of your plan selection, visit www.opurp.org or contact your university HR/Benefits representative.

Your signature and date are required to confirm your election.

D. Certification and Signature

- I understand that the choice I make to select ORP is a one-time, irrevocable choice that will be effective as long as I am employed by the universities participating in the ORP, including future periods of employment or re-employment.
 - Contributions sent to an ORP fund sponsor selected in section C may be invested in an age-appropriate lifecycle fund until the fund sponsor receives my online or signed application form indicating my investment choice(s).
 - The Board and Plan Sponsor assume no responsibility for determining that investments I select are suitable for me. I agree to indemnify and hold the Board and Plan Sponsor, its officers, employees, and agents harmless from, and to pay the State of Oregon promptly on demand for, any and all losses, liabilities, claims, and costs, including reasonable attorneys' fees that may arise from my acts or omissions related to my selection of investments or services.
- This release and indemnification is in addition to and in no way restricts any rights which may exist in law or under any other agreement(s) between me and Oregon Public Universities Retirement Plans.

Employee Signature: _____ Date: _____

*** Please keep a copy of this form for your records***

Institution	Drop-Off Location	Mailing Address	City, State, Zip	Fax
EOU	Inlow Hall, Room 209	One University Blvd	La Grande, OR 97850	541-962-3023
OIT	Snell Hall, Room 111	3201 Campus Dr	Klamath Falls, OR 97601	541-851-5200
OSU	236 Kerr Admin Bldg	236 Kerr Admin, MS: HR	Corvallis, OR 97331	541-737-0541
PSU	1600 SW 4 th Ave, Ste 518	PO Box 751	Portland, OR 97207-0751	503-725-5896
SOU	Churchill 159	1250 Siskiyou Blvd	Ashland, OR 97520	541-552-8508
UO	677 E. 12 th Ave, Suite 400	5210 University of Oregon	Eugene, OR 97403	541-346-2548
WOU	Admin 306	345 N Monmouth Ave	Monmouth, OR 97361	503-838-8522