Blinn College
ORP Salary Reduction Acknowledgement/Change of Vendor

Name (Print) ________________________________  Social Security Number __________________________  Blinn ID Number ______________________

INSTRUCTIONS
1. Complete Section A or B as appropriate, then sign Section C and complete Section D
2. Attach copy of vendor application
3. Attach form TRS-2B for initial Optional Retirement Program (ORP) election
4. Make a copy for your records
5. Return to the Human Resources office

A. ELECTION TO PARTICIPATE
As my initial election to participate in ORP, I select (name of vendor) ____________________________ and certify that:

1. I understand that my decision not to become a member or not to continue membership in the Teacher Retirement System of Texas (TRS) is irrevocable as required by law, unless I become an eligible employee in the Texas Public School System, other than in a Texas institution of higher education, or before my vesting date become employed in a position not eligible for continued participation in ORP. By electing to participate in the ORP, I relinquish all rights to TRS benefits that I previously accrued. I also understand that my previous contributions to TRS may not be rolled over to my ORP account.
2. I have been provided information regarding the benefits available through the Teacher Retirement System of Texas, including the TRS’s life insurance and disability benefits, and it is my decision to select the ORP.
3. I understand and acknowledge that both my contribution and the State of Texas’ contribution to the ORP will be treated as nonelective contributions under Section 403(b) of the Internal Revenue Code (IRC). Additionally, my contributions to the ORP will be made by salary reduction as required by Texas law. The contribution rates are subject to change at the discretion of the Texas Legislature. This agreement is irrevocable as long as I am a participant in the ORP or until it is determined by the appropriate authority that employee ORP contributions are elective within the meaning of Section 402 of the IRC.

B. CHANGE OF VENDOR
I elect to change my ORP vendor from ____________________________ to ____________________________ (name of new vendor).

C. EMPLOYEE SIGNATURE
This election supersedes all previous elections. I understand that my election will become effective on my day of hire or eligibility, provided all necessary and properly completed ORP enrollment forms are signed and received by the Human Resources office before the monthly payroll calculation for that month. Forms received after the monthly payroll calculation will be effective on the first of the following month.

I understand that I bear the risk of the product(s) of my choosing, that Blinn College has no fiduciary responsibilities in this area, and that Blinn College is not liable for any tax consequences occurring under these programs.

______________________________  __________________________
Employee signature  Date

D. VENDOR INFORMATION

______________________________  __________________________
Name of Representative  Company

______________________________  __________________________  __________________________
Telephone number  Fax number  Email address