



# Idaho Optional Retirement Plan (ORP) Enrollment Request

Updated: March 2017

Please complete this form by the next payroll deadline following your hire date to designate the retirement plan you wish to participate in. (If you are unsure of the payroll deadline, please call Benefit and Payroll Services for clarification.) If no election is made, **you will be defaulted to VALIC in odd years and TIAA in even years.**

Return the completed form to Payroll and Benefit Services:

**Name:**

**Vandal Number:**

**New Enrollment**

**Change ORP Carrier**

## Part I – PERSI Information

### New Employees Only:

I am currently a member of the Public Employee Retirement System of Idaho (PERSI):

No (cont. to Part II)

Yes

I am **vested\*** in PERSI and would like to continue my contributions to PERSI and waive enrollment to the ORP \_\_\_\_\_ (skip to Part III)

I am **not vested** in PERSI but would like to leave my PERSI account as is and start the contributions to the ORP \_\_\_\_\_ (cont. to Part II)

I am **not vested** in PERSI and would like to roll my PERSI contributions into the ORP \_\_\_\_\_ (cont. to Part II)

\* You must have been an active member in PERSI for 60 months or more to be "vested". Please verify status with PERSI prior to selection.

## Part II – ORP Election

Please forward my ORP election to:

TIAA

VALIC

**Please note:** Included in the ORP is enrollment in Group Long Term Disability Insurance through the Standard. The certificate is available at [uidaho.edu/benefits/forms](http://uidaho.edu/benefits/forms).

## Part III

I understand that if and when my election is forwarded to the ORP vendor, I may subsequently move my account between fund sponsors (TIAA and VALIC) only once a year. I may, however, move my account between various investment options within the fund sponsor as often as rules of each fund sponsor and each account permit. If new enrollment election is defaulted, the employee is responsible for transferring funds between vendors.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness' Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Human Resource Services Only

Date Received:

Date Entered:

Effective Pay Date:

Completed by: