

# ORP *Election Form*

OPTIONAL RETIREMENT PLAN



THE UNIVERSITY OF GEORGIA

Enroll within 60 days of your employment date

SS#	LAST NAME	FIRST NAME	MI
CONTRACT TYPE (Academic, fiscal)	DEPARTMENT	CAMPUS PHONE	EMPLOYMENT DATE

*I have elected membership in the University System of Georgia Optional Retirement Plan (known also as the Regents Retirement Plan).*

**Please designate your allocations with the following stipulations:**

- If you participate in the Optional Retirement Plan (ORP) of the University System of Georgia, you may (during the 60-day enrollment period) choose to allocate your ORP contributions among the four approved ORP companies. The retirement contributions to be allocated are 14.24% of your gross monthly salary: your 5% employee contribution plus the 9.24% University of Georgia contribution.
- **Allocate your ORP contributions below:**
  - Allocations must total 100%
  - If divided, the minimum investment to any one company must be 10%
  - All contributions must be on a whole number percentage basis

**You must submit the following to Employee Benefits during the 60-day enrollment period:**

1. This election form
2. A copy of the ORP company application(s) you submitted to each ORP company selected. Applications are available from ORP vendors.

**• IMPORTANT •**

When requesting company applications, **you must specify** "The University of Georgia Optional Retirement Plan **401a** enrollment packet."

Allocation of total contributions	Company (check box)
_____ %	<input type="checkbox"/> Fidelity
_____ %	<input type="checkbox"/> TIAA-CREF
_____ %	<input type="checkbox"/> VALIC
<b>TOTAL 100 %</b>	

EMAIL ADDRESS

This allocation agreement shall remain in force during my continued employment except as amended in writing by me during an annual open change period. If no change is made by me during the open change period, I understand the allocation of retirement contributions shall remain as shown on this form and I am responsible for all investment decisions regarding this plan.

By my signature below, I authorize the University of Georgia to reduce my monthly paycheck in the amount of 5% of my salary and remit that amount to the ORP companies as designated at left. I understand the University of Georgia will contribute an amount equal to 9.24% of my monthly salary on my behalf to the company(ies) selected. This contribution will be made ten (10) times per year if I am on academic contract or twelve (12) times per year if I am on fiscal year contract.

I, the undersigned, do hereby certify I have read and fully understand the above statements regarding the University System of Georgia Optional Retirement Plan.

**I am making this election within 60 days of my employment in an eligible position.**

SIGNATURE

DATE

OFFICE USE ONLY	
Initial please	
_____ IMS	_____ Checked
_____ PARP	_____ File

IMPORTANT