Reset Form

ELECTION TO TRANSFER MEMBERSHIP FROM TCRS TO THE OPTIONAL RETIREMENT PROGRAM

BY ELIGIBLE EMPLOYEES OF COLLEGES AND UNIVERSITIES OF THE STATE OF TENNESSEE

Tennessee Consolidated Retirement System
502 Deaderick Street, Nashville, TN 37243-0201

I. TO BE COMPLETED BY EMPLOYEE AND WITNESSED BY A NOTARY — Please print or type

Name _____ _____ _____
Last First Middle or Maiden

Social Security Number _____ Date of Birth _____
Month Day Year

Street _____ City _____ State _____ Zip _____

Employer _____
Institution

I hereby elect to transfer my membership from the Tennessee Consolidated Retirement System to the Optional Retirement Program (ORP). This election is made with the understanding that I must participate in one of these retirement plans and that I cannot change this election at a future date. Any period of service for which contributions are made to the ORP will not be treated as creditable service in the Tennessee Consolidated Retirement System.

☐ I am attaching an ELECTION TO TRANSFER FUNDS FROM TCRS TO THE OPTIONAL RETIREMENT PROGRAM.

☐ I am NOT attaching an ELECTION TO TRANSFER FUNDS FROM TCRS TO THE OPTIONAL RETIREMENT PROGRAM; therefore, my unused accumulated sick leave is to be certified below.*

_____ _____
Signature of Member Date

NOTARIZATION

STATE OF TENNESSEE, COUNTY OF _____

Sworn and subscribed before me this the _____ day of _____, _____.

_____ My Commission Expires_____
Notary Public Signature

SEAL

II. TO BE COMPLETED BY TECHNICAL SCHOOL, COLLEGE, OR UNIVERSITY

A. Certification of Eligibility for ORP

This is to certify that _____ is classified as EXEMPT from the Fair Labor Standards Act and is NOT a student or temporary employee; therefore, this employee has the option to participate in either the ORP or the TCRS in accordance with the provisions of Tennessee Code Annotated, Section 8-25-204. This individual is employed:

o Full Time o Part Time

B. Certification of Unused Sick Leave (to be completed only if employee is NOT transferring funds from TCRS)*

Effective _____, this employee has the following unused accumulated sick leave:

Number of hours: _____ or number of days: _____

For teachers: How many sick days did this employee accumulate on an annual basis? o 9 o 10 o 11 o 12

C. Signature of Institution's Designated Certifying Official

_____ _____ _____
Date Signature of Designated Certifying Official Title