



**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 _____, _____.

 Notary Public Signature My Commission Expires _____

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:

- Full Time
- 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? 9 10 11 12

C. Signature of Institution's Designated Certifying Official

 Date Signature of Designated Certifying Official Title