

**ELECTION TO PARTICIPATE
FOR PART-TIME
ORP HIGHER EDUCATION
FACULTY EMPLOYEES**

Tennessee Consolidated Retirement System

502 Deaderick Street
Nashville, Tennessee 37243-0201
1-800-922-7772 ♦ RetireReadyTN.gov



Any person who becomes a part-time faculty employee on or after July 1, 2016 and who otherwise would be covered under the Optional Retirement Plan (ORP) must, upon initial date of hire, file an irrevocable election to become or not to become a participant in the Optional Retirement Plan.

Pursuant to T.C.A., Section 8-34-101, "part-time employee" means any person employed by the state or a political subdivision who renders less than a full day of service per working day or less than a full week of service per working week. Any employee falling into either of the above categories shall be considered part-time unless the law otherwise provides. "Part-time employee" does not include employees who are students, seasonal or temporary employees under twenty-five (25) years of age, temporary employees in institutions of higher education, or substitute teachers, unless such substitutes are under contract and scheduled to work the same time as a regular teacher. "Part-time employee" includes any interim teacher who is employed on a temporary basis to teach for a regular teacher who is on unpaid leave.

For more information regarding plan benefits and provisions, please contact your employer or visit our website at RetireReadyTN.gov.

SECTION 1. MEMBER INFORMATION

Member ID	SSN XXX-XX-	Date of Birth
Full Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address		
City	State	Zip Code
Email	Phone Number	
Employer	Date of Employment	

Pursuant to T.C.A., Section 8-35-103, I must elect whether to participate in the ORP or file an irrevocable election to not become a participant in the ORP.

- I have read the foregoing and **have elected to participate in the ORP**. I understand that this election may not be changed.
- I have read the foregoing and **have elected not to participate in the ORP**. I understand that this election may not be changed.

Member's Signature: _____ Date: _____

Employers may submit this form via email to TCRS.CustomerSupport@tn.gov.