# 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 _____, 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 8-35-403. 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