

# Regents Optional Retirement Plan Election



As provided for by the Regents Optional Retirement Plan legislation, I hereby give notice to the Teachers Retirement System of Georgia (TRS) Board of Trustees of my selection of the optional retirement plan.

## ▼ To Be Completed by Employee -- please print clearly

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Social Security Number

Date of Birth

Last Name

First Name

Middle Initial

Address

City

State

Zip Code

**List all previous employment with the University System of Georgia on page 2.**

I understand that this selection is irrevocable during the tenure of my employment in a covered position with the University System of Georgia.

Employee's Signature

Date

## ▼ To Be Completed by Employer -- please print clearly

I hereby certify that the above employee is eligible to join the Regents Optional Retirement Plan (ORP).

This employee was newly hired in an eligible position on \_\_\_\_\_  
Employment Date

and, if applicable, has terminated all previous employment with the University System of Georgia.

Reporting Employer's Name

Approving Authority's Signature

Date

Authority's Printed Name

Title

\*ME-2\*

