

TEXAS STATE UNIVERSITY-SAN MARCOS
ORP/TDA Authorization to Change Carriers

(Rev. 01/09)

Name: _____ TX State ID#: _____

Under the provisions of the Optional Retirement Program (ORP) (authorized by Section 51.358, *Texas Education Code*, as amended and under the policies established by Texas State University-San Marcos) and the Tax Deferred Account Program (TDA) (authorized by Article 6228a-5, *Vernon's Texas Civil Statutes*, as amended and under the policies established by Texas State University-San Marcos), I hereby request and authorize you to take the following action(s) as indicated below:

ORP:

I request that my elected ORP carrier be changed from _____
to _____, to be effective _____.

TDA:

I request that my elected TDA carrier be changed from _____
to _____, to be effective _____.

New Vendor Representative Name _____

This form supersedes the Texas State Tax Deferred Account Program Salary Reduction Agreement or the Texas State ORP Authorization for Reduction of Employee Contribution Form (where applicable) Previously executed by me with respect to the carrier *only*.

Signature of Employee: _____ Date: _____

Texas State Representative: _____ Date: _____