**Instructions:** Return completed form to Human Resources: JCK 360, or fax 512.245.1942. Questions may be directed to hrbenefits@txstate.edu or call 512.245.2557.

*To be completed by the separating employee (please print):*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | | | **SSN:** |  | |
| **Mailing Address:** | | | |  | | | | | |
| **City:** |  | | | | | **State:** | | |  |
| **Date of Separation:** | | | | |  | **Date of Final Paycheck:** | | |  |
| **ORP Company:** | | |  | | | | | | |

Affidavit that employment in another Texas Public Institution of Higher Education is contemplated and will restrict access to my ORP funds.

I hereby certify that I have permanently separated my employment with Texas State University,

effective \_\_\_ /\_\_\_ /\_\_\_ and further certify that I have accepted or anticipate employment in Texas Higher Education to be effective \_\_\_ /\_\_\_ /\_\_\_ with (college/university) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Affidavit that employee has permanently separated.

I hereby certify that I have permanently separated my employment with Texas State University,

effective \_\_\_ /\_\_\_ /\_\_\_ and that I do not have an employment contract, either oral or written with any other Public Institution of Higher Education in Texas.

***I acknowledge that it is my responsibility to notify my ORP carrier if cash surrender is desired and that any tax consequences are solely my responsibility. I agree to notify Texas State University Human Resources if I accept employment with another ORP participating institution in Texas within ninety (90) days of my termination date.***

*Note: If you anticipate enrolling in retiree group insurance as an ORP retiree now or at a later date, you should refrain from withdrawing all ORP funds as this could affect insurance eligibility.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Signature:** |  | **Date:** |  |

*I acknowledge being notified that, with exceptions, I have the right to be informed of and to receive, review, and, if necessary, correct the information that Texas State University collects on me.*

|  |
| --- |
| **To be completed by the employer:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date employee elected to participate in ORP:** |  | **Has individual vested?** | Yes  No |

**Should employer contributions be refunded to Texas State University?**  Yes  No

Employer contributions in the exact amount of $\_\_\_\_\_\_\_ should be made payable to Texas State University and mailed to: **Texas State University, Human Resources, J.C. Kellam Building, Suite 360, 601 University Drive, San Marcos, Texas, 78666**

***This is to certify that the above named employee has separated employment with Texas State University; however, it is the responsibility of the employee to contact the carrier to initiate cash surrender.***

|  |  |  |  |
| --- | --- | --- | --- |
| **HR Representative Signature:** |  | **Date:** |  |