

Texas State University

Optional Retirement Program Employee Termination Form

Rev. (3/14)

To be completed by the terminating employee (please print):

Name: _____ SSN: _____

Mailing Address: _____

Date of Termination: _____ 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 terminated 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 employment has permanently terminated.

I hereby certify that I have permanently terminated 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 terminated employment with Texas State University; however, it is the responsibility of the employee to contact the carrier to initiate cash surrender.

H.R. Representative Signature: _____ Date: _____