ORP *Enrollment Form*

OPTIONAL RETIREMENT PLAN

Human Resources
UNIVERSITY OF GEORGIA

Enroll within 60 days of your employment date

Clear this form

UGA 81x # | LAST NAME | FIRST NAME | MI

DEPARTMENT | CAMPUS PHONE | EMPLOYMENT DATE

EMAIL ADDRESS

I have elected membership in the University System of Georgia Optional Retirement Plan (known also as the Regents Retirement Plan).

Please designate your allocations with the following stipulations:

- If you participate in the Optional Retirement Plan (ORP) of the University System of Georgia, you may (during the 60-day enrollment period) choose to allocate your ORP contributions among the three approved ORP companies. The retirement contributions to be allocated are 15.24% of your gross monthly salary: your 6% employee contribution plus the 9.24% University of Georgia contribution.
- **Allocate your ORP contributions below:**

  - Allocations must total 100%
  - If divided, the minimum investment to any one company must be 10%
  - All contributions must be on a whole number percentage basis

IMPORTANT

You must submit the following to Employee Benefits during the 60-day enrollment period:

1. This enrollment form
2. Regents ORP Election form (required by TRS) copy and paste into browser: http://www.trsga.com/downloadForms/Regents%20Optional%20Retirement%20Plan%202015--INT.pdf

• HOW TO OPEN YOUR ACCOUNT •

View the approved ORP companies and links to their enrollment sites. Use the company contact information to complete your enrollment. http://www.hr.uga.edu/approved-tax-deferred-savings-plan-companies

Allocation of total contributions	Company (check box)
_____ %	☐ Fidelity
_____ %	☐ TIAA-CREF
_____ %	☐ VALIC
TOTAL 100 %	

This allocation agreement shall remain in force during my continued employment except as amended in writing by me during an annual open change period. If no change is made by me during the open change period, I understand the allocation of retirement contributions shall remain as shown on this form and I am responsible for all investment decisions regarding this plan.

By my signature below, I authorize the University of Georgia to reduce my monthly paycheck in the amount of 6% of my salary and remit that amount to the ORP companies as designated at left.
I understand the University of Georgia will contribute an amount equal to 9.24% of my monthly salary on my behalf to the company(ies) selected. This contribution will be made ten (10) times per year if I am on academic contract or twelve (12) times per year if I am on fiscal year contract.

I, the undersigned, do hereby certify I have read and fully understand the above statements regarding the University System of Georgia Optional Retirement Plan.

I am making this election within 60 days of my employment in an eligible position.

SIGNATURE

DATE

Print form

OFFICE USE ONLY
Initial please

_____ IMS
_____ PARP
_____ TRS form rec'd.
_____ TRS form faxed

Revised 02/08/17