

**ALVIN COMMUNITY COLLEGE**

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**ACKNOWLEDGEMENT OF ENROLLMENT ELIGIBILITY  
OPTIONAL RETIREMENT PROGRAM**

**EMPLOYEE NAME:** \_\_\_\_\_  
(PLEASE PRINT)

**DEPARTMENT:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**ELIGIBILITY DATE:** \_\_\_\_\_

Under the rules and regulations governing the Optional Retirement Program, I hereby accept and acknowledge the following. I understand that it is my responsibility to access the ORP/TRS Overview for more detailed information regarding this election opportunity.

- I understand that I am eligible to participate in the Optional Retirement Program in lieu of active membership in the Teacher Retirement System of Texas by entering into a Salary Reduction Agreement with an authorized carrier.
- I also understand that if I have prior service with a public school system or other state agency and exercised the ORP option, I must continue under the ORP or TRS retirement program as previously elected.
- Prior participation of at least one year in the ORP at another Texas institution of higher education and in effect at the time of separation from that employer will result in continuous ORP participation.
- Prior to my decision, retirement contributions will be made to the Teacher Retirement System (TRS). Contributions submitted to TRS during this period will be transferred to my selected ORP carrier, with the completion of the appropriate TRS forms.
- If, within 90 days of the eligibility notice, an ORP carrier is not selected, enrollment in the TRS will become permanent.
- Contributions to my selected carrier will be effective with the first payroll cycle following my decision.
- I understand that this enrollment is irrevocable for the duration of my employment with higher education in the State of Texas.

**PARTICIPATION ACKNOWLEDGEMENT**

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE