

**The University of Texas System
Optional Retirement Program Declaration of Retirement
For Group Insurance Purposes**

Name (Print)

Social Security number

Component Institution

INSTRUCTIONS

1. Complete, sign, and date the form.
 2. Make a copy for your records.
 3. Return along with other retirement insurance enrollment forms to your Human Resources office.
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I, _____, the undersigned, wish to apply for insurance benefits as a retired employee of The University of Texas System. I understand that as a Texas Education Code Section 830 Optional Retirement Program (ORP) participant, I must declare myself to be terminating my employment for purposes of retirement.

Accordingly, I certify that I am terminating my active employment with The University of Texas effective (mmddy)_____ for purposes of retirement. I understand that this declaration of retirement does not require that I receive a distribution from my ORP retirement funds. I also understand that it is the position of the Texas Coordinating Board that an ORP retiree may NOT continue contributing to ORP if rehired as a working retiree if his/her UT System retirement date is on or after June 1, 1997.

Employee Signature

Date

For Office Use Only

Received by:

Name and Title

Signature

Date