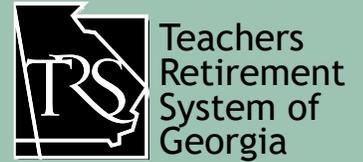


Regents Optional Retirement Plan Election



As provided for by the Regents Optional Retirement Plan legislation, I hereby give notice to the Teachers Retirement System of Georgia (TRS) Board of Trustees of my selection of the optional retirement plan. Eligible employees of the University System of Georgia have 60 days from the date of employment to elect TRS or ORP membership.

▼ To Be Completed by Employee -- please print clearly

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Social Security Number

Date of Birth

Last Name

First Name

Middle Initial

Address

City

State

Zip Code

List all previous employment with the University System of Georgia on page 2.

I understand that this selection is irrevocable during the tenure of my employment in a covered position with the University System of Georgia.

Employee's Signature

Date

▼ To Be Completed by Employer -- please print clearly

I hereby certify that the above employee is eligible to join the Regents Optional Retirement Plan (ORP).

This employee was newly hired in an eligible position on _____

Employment Date

and, if applicable, has terminated all previous employment with the University System of Georgia.

Reporting Employer's Name

Approving Authority's Signature

Date

Authority's Printed Name

Title



M E - 2

