

**A) Fill in your personal information:**

<b>Identification:</b>	SSN:	<input type="text"/>	<b>Date of:</b>	Birth:	<input type="text"/>
	First Name:	<input type="text"/>		Hire:	<input type="text"/>
	Last Name:	<input type="text"/>		Eligibility:	<input type="text"/>
<b>Contact:</b>	Address:				
	City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:
	Phone/Email:	<input type="text"/>			
	Institution:	<input type="text"/>			

**B) Elect ONE Plan: This is a one-time, irrevocable election**

**Optional Retirement Plan (ORP)**  
 I currently have an OPSRP/PERS account. (If so, you must also complete and attach a PERS-to-ORP Transfer Form.  
**Next Steps:** Go to Section C to select your ORP Fund Sponsor, and then complete Section D to certify your election.

**Oregon Public Service Retirement Plan (OPSRP)/Public Employees Retirement System (PERS)**  
**Next steps:** Complete Section D to certify your election.

**C) ORP Fund Sponsor: If you have selected ORP, choose ONE sponsor**

**ORP: Fidelity Investments**  
 You must apply online or send your ORP application directly to Fidelity Investments to ensure your contributions are invested as you wish. Request a Getting Started Guide to download the guide and apply online at [www.netbenefits.com/opurp](http://www.netbenefits.com/opurp)

**ORP: TIAA**  
 You must send your TIAA application for directly to TIAA to ensure your contributions are invested as you wish. Apply online at [www.tiaa.org/opurp](http://www.tiaa.org/opurp)

**D) Certification and Signature**

I understand that the choice I make between the ORP and OPSRP/PERS is a one-time, irrevocable choice that will be effective as long as I am employed by the universities participating in the ORP, including future periods of employment or re-employment.

I further understand that:

- Contributions sent to an ORP fund sponsor selected above may be invested in an age-appropriate lifecycle fund until the fund sponsor receives my online or signed application form indicating my investment choice(s);
- The Board and Plan Sponsor assume no responsibility for determining that investments I select are suitable for me. I agree to indemnify and hold the Board and Plan Sponsor, its officers, employees and agents harmless from, and to pay the State of Oregon promptly on demand for, an and all losses, liabilities, claims, and costs, including reasonable attorneys' fees that may arise from my acts or omissions related to my selection of investments or services.
- This form must be returned to my campus benefits office by the 10<sup>th</sup> of the month in which I am eligible to enroll in the retirement plans. Late return of this form will result in automatic PERS/OPSRP enrollment.**

This release and indemnification is in addition to and in no way restricts any rights which may exist at law or under any other agreement(s) between me and Oregon Public Universities Retirement Plans.

\_\_\_\_\_  
 Employee Signature Date

**\*\*\*Please keep a copy of this form for your records\*\*\***

