



**OPTIONAL RETIREMENT PLAN (ORP) SELECTION FORM
UNIVERSITY SYSTEM OF MARYLAND (USM)**

In order to enroll in the ORP of my choice, I, _____,
(First Name Middle Initial Last Name)
SSN _____, have attached an election "Not to Participate in the MD State Pension System" form (MSRA-60), the required proof of identity (see reverse side) and a completed ORP application form for **(Please select one vendor and one action):**

VENDOR:

FIDELITY INVESTMENTS _____ **TIAA-CREF** _____

ACTION:

Enroll: _____ **Change:** _____

I recognize that the University will contribute an amount equal to **7.25%** of my base annual salary to the ORP on my behalf. I understand that University contributions will be made over 20 pays, during the academic year, and invested at my direction among the funds available. No money will be deducted from my salary. I reserve the right to make voluntary contributions on a salary reduction (before tax) basis to a Supplemental Retirement Plan, subject to Federal limits.

LIMITS ON CONTRIBUTIONS - I recognize that if I was hired on or after July 1, 1996, the University's 7.25% contribution to my ORP will stop once my earned salary in the fiscal year reaches the Federal limit on employer contributions to the ORP.

REHIRES - I understand that if I am rehired and I was an ORP participant in MD before July 1, 1996, the Federal contribution limit does not apply to me and I am entitled to have the 7.25% contribution apply to my full salary. My prior USM or other MD Institution of Higher Education dates of employment are: Hired: _____ Terminated: _____
My initial MD-ORP participation date was: _____ Institution _____

By signing this form, I understand that I may only participate in one ORP at any given time. I am also aware that I am entitled to change ORP vendors once during any calendar year.

Signature: _____ Date: _____

USM Institution _____ Office Phone _____

USM Benefits Coordinator: _____ Date: _____
(Institution Representative)

VALID TYPES OF IDENTIFICATION

New employees must provide proof of identity when making application for enrollment in the Optional Retirement Plans. Copies of the following documents are acceptable as proof of identity. Please attach two Xerox copies of the documents you are submitting as identification to your Optional Retirement Plan application forms. *Make sure that the copies of the documents can be read.*

Provide one of the following documents:	<u>OR</u> Provide two of the following documents:
<p>Birth Certificate</p> <p>Passport</p> <p>Naturalization Record</p> <p>Military Discharge Papers</p> <p>School or College Record <i>(if at least five years old)</i></p> <p>Life Insurance Policy <i>(if at least five years old)</i></p> <p>Baptismal Certificate</p> <p>Family Bible – copy of page <i>(Will only be accepted if accompanied by a statement, from a Plan Representative in your Institution's Benefit Office or a Notary Public, that provides the following information: 1) she/he has examined the Bible; 2) gives the name of the individual that made the entry in the Bible, 3) the date the entry was made, and 4) that your name and date was shown in the entry.)</i></p>	<p>Affidavit of Parent</p> <p>Birth Certificate of Child</p> <p>Census Record</p> <p>Church or Sunday School Record</p> <p>Club or Lodge Record</p> <p>Confirmation Record</p> <p>Diary</p> <p>Driver's License</p> <p>Election Registration</p> <p>Employment Record</p> <p>Family Doctor's Record</p> <p>Fraternal Organization Record</p> <p>Hospital Record</p> <p>Immigration Registration or Visa</p> <p>Marriage Record</p> <p>Military Identification or Service Card</p> <p>Professional Organization Record</p> <p>School Report Card</p> <p>Selective Service Registration</p> <p>Statement of Physician or Midwife Present at Birth</p> <p>Vaccination Record</p>