Optional Retirement Program

Declaration of Retirement

Please complete form electronically or print clearly in black or blue ink. Make sure to sign and return this form to your institution HR/Benefits Office along with the UT Benefits Enrollment/Change Application for Retirees within 31 days of your retirement date. Keep a copy for your records.

A APPLICANT INFORMATION

Name (Last, First, Middle)

Employee ID/Benefits ID (BID)

Employment Termination Date

Employing UT Institution

Purpose of this application: To declare termination of employment for purposes of retirement and eligibility for UT Benefits coverage.

HR Staff Use Only

Benefits Representative

E-mail Address or Phone Number

Effective Date

Reviewed By

I am a participant in the Optional Retirement Program (ORP), established by Chapter 830, Texas Government Code. I understand that I must terminate my employment with The University of Texas System by retiring in order to be eligible to participate in The University of Texas System uniform Group Insurance Program as a Retired Employee.

I certify that I am terminating my active employment with The University of Texas System effective _____ MM/DD/YYYY 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 as a retired employee, I will not be able to participate in the ORP Program if I am rehired as a return-to-work retiree.

Employee Signature

Date

IMPORTANT: Your insurance does not automatically continue when you retire. You must enroll within 31 days of your retirement date. Your deadline to apply for UT Benefits: _____