

This completed form must be received in Benefit Services no later than the last Friday of your first pay period. If you are unsure of the payroll deadline, please refer to the payroll calendar located at uidaho.edu/human-resources/payroll/payroll-calendars. If a completed form is not received in Benefits Services by the required date, you will be defaulted to Valic-AIG in odd years and TIAA in even years. Completed forms can be faxed to 208-885-3330 or email to benefits@uidaho.edu. Additional information about retirement vendors and contact information can be found on our website: <https://www.uidaho.edu/human-resources/benefits/plans>.

Name:

Vandal Number:

New Enrollment Change ORP Carrier

Part I – PERSI Confirmation – New Employees Only

I am currently a member of the Public Employee Retirement System of Idaho (PERSI):

- No (continue to Part II)
- Yes
- I am **vested*** in PERSI and would like to continue my contributions to PERSI and waive enrollment to the ORP (skip to Part III) * *You must have been an active member in PERSI for 60 months or more to be "vested" - Please verify status with PERSI prior to making this selection.*
 - I am not **vested** in PERSI and would like to roll my contributions to ORP (continue to Part II). *You will need to contact PERSI for additional instructions and required forms.*

Part II – ORP Election

- I am electing to have my ORP contributions forwarded to:
- Valic-AIG
 - TIAA

Please Note – Enrollment in Group Long-Term Disability Insurance through The Standard is included in ORP enrollment. The certificate is available at <https://www.uidaho.edu/human-resources/benefits/forms>.

Part III – Acknowledge & Sign

I understand that if and when my election is forwarded to the ORP vendor, I may subsequently move my account between fund sponsors (TIAA and Valic-AIG) only once a year. I may, however, move my account between various investment options within the fund sponsor as often as rules of each fund sponsor and each account permit. If new enrollment election is defaulted, the employee is responsible for transferring funds between vendors.

Employee Signature: _____ Date: _____

Human Resources Only

Date Received:

Date Entered:

Effective Pay Date:

Completed by: