

# Notice of Election to Participate in the ORP or the TCRS

## Tennessee Consolidated Retirement System

502 Deaderick Street  
Nashville, Tennessee 37243-0201  
800-922-7772 ♦ [RetireReadyTN.gov](http://RetireReadyTN.gov)



This election is made with the understanding that you must participate in either the Optional Retirement Program (ORP) or the Tennessee Consolidated Retirement System (TCRS) under the following conditions:

- (1) You cannot participate in both plans at the same time;
- (2) With limited exceptions, the election to participate in the ORP is generally irrevocable as long as you work for a state-supported institution of higher education in an ORP-eligible position regardless if you have terminated employment; and
- (3) Under current law, a member of TCRS who is eligible to participate in the ORP may elect to transfer prospective membership to the ORP upon complying with specified filing requirements. Employee contributions may be transferred, but employer funds will not be transferred.

Please select one of the following:

- I hereby elect to participate in the **Optional Retirement Program** and, thereby, waive my right to participate in the Tennessee Consolidated Retirement System.      TIAA      Voya
- I hereby elect to participate in the **Tennessee Consolidated Retirement System** and, thereby, waive my right, at this time, to participate in the Optional Retirement Program.

### SECTION 1. APPLICANT INFORMATION

Member ID	Last 4 SSN XXX-XX-	Date of Birth
Full Name	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address		
City	State	Zip Code
Email	Phone Number	
Employer	Department Code	
Title of Position		
Date of Employment	Date of First ORP Contribution	N/A
Have you ever been a member of the Tennessee Consolidated Retirement System? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give the name of the Department in which you were employed		
Have you ever made contributions to the ORP through a school located in Tennessee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give the name of the school or institution		
I have read the foregoing instrument and have elected to join either the ORP or the TCRS and execute a waiver of all prospective benefits in the plan for which I have elected not to join.		
Applicant's Signature		Date