



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

In order to enroll in the Optional Retirement Plan and select the ORP Vendor of my choice,  
I, \_\_\_\_\_, SSN \_\_\_\_\_,  
(First Name Middle Initial Last Name)

have attached an "Election Not to Participate in the MD State Pension System" form (MSRA-60),  
and the required proof of identity (see reverse side).

**I select the following vendor and action (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 upon enrollment in a "LifeCycle Fund". After enrollment is in effect, I can access the ORP Vendor website and, at my direction, designate my investment among the funds available for the USM-ORP. 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:** 1. the conditions stated above; 2. that I may enroll with only one ORP Vendor at any given time; 3. that I am entitled to change ORP Vendors only once during any calendar year; 4. I will keep a copy of this document for my files.

Employee's 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><b>Birth Certificate</b></p> <p><b>Passport</b></p> <p><b>Naturalization Record</b></p> <p><b>Military Discharge Papers</b></p> <p><b>School or College Record</b> (<i>if at least five years old</i>)</p> <p><b>Life Insurance Policy</b> (<i>if at least five years old</i>)</p> <p><b>Baptismal Certificate</b></p> <p><b>Family Bible – copy of page</b>  <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><b>Affidavit of Parent</b></p> <p><b>Birth Certificate of Child</b></p> <p><b>Census Record</b></p> <p><b>Church or Sunday School Record</b></p> <p><b>Club or Lodge Record</b></p> <p><b>Confirmation Record</b></p> <p><b>Diary</b></p> <p><b>Driver's License</b></p> <p><b>Election Registration</b></p> <p><b>Employment Record</b></p> <p><b>Family Doctor's Record</b></p> <p><b>Fraternal Organization Record</b></p> <p><b>Hospital Record</b></p> <p><b>Immigration Registration or Visa</b></p> <p><b>Marriage Record</b></p> <p><b>Military Identification or Service Card</b></p> <p><b>Professional Organization Record</b></p> <p><b>School Report Card</b></p> <p><b>Selective Service Registration</b></p> <p><b>Statement of Physician or Midwife Present at Birth</b></p> <p><b>Vaccination Record</b></p>