

IDAHO OPTIONAL RETIREMENT PLAN ELECTION FORM

Section 1: To be completed by the Applicant

New Enrollment

Change ORP Carrier

Social Security Number

Date of Birth (MM-DD-YYYY)

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My selection for ORP carrier:

TIAA

AIG

I am previously vested with the Public Employee Retirement System of Idaho and elect to continue participation with PERSI. I understand that if I elect to remain with PERSI, I cannot enroll in the ORP while employed at ISU.

Employee's Signature

Employee's name (please print)

Section 2: To be completed by the Employer

Name of Institution: _____

Effective Date (Date of Employment or Change): _____

I certify that this employee is eligible to participate in the ORP and that he/she intends to enroll with the carrier designated above.

Signature: _____

Date: _____

Name (please print): _____

Title: _____