

# Election to Transfer Membership from TCRS to the ORP

**Tennessee Consolidated Retirement System**  
A Division of the Tennessee Treasury Department  
502 Deaderick Street  
Nashville, Tennessee 37243-0201  
1-800-922-7772 ♦ [RetireReadyTN.gov](http://RetireReadyTN.gov)



To be completed by eligible employees of technical schools, colleges and universities in the State of Tennessee who elect to transfer membership from the Tennessee Consolidated Retirement System (TCRS) to the Optional Retirement Program (ORP).

## SECTION 1. TO BE COMPLETED BY EMPLOYEE AND WITNESSED BY A NOTARY

Member ID

Date of Birth

Full Name

Gender  Male  Female

Mailing Address

City

State

Zip Code

Email

Phone Number

Employer

Work Phone Number

## SECTION 2. TRANSFER ELECTION

I hereby elect to transfer my membership from the TCRS to the ORP. This election is made with the understanding that I must participate in one of these retirement plans and that I cannot change this election at a future date. Any period of service for which contributions are made to the ORP will not be treated as creditable service in the TCRS.

- I am attaching an Election to Transfer Funds from TCRS to the ORP.
- I am **NOT** attaching an Election to Transfer Funds from TCRS to the ORP. Therefore, my unused accumulated sick leave is to be certified below.\*

Applicant's Signature

Date

## SECTION 3. NOTARIZATION

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Sworn and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public Signature

My Commission Expires

**SEAL**

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**SECTION 4: CERTIFICATION BY TECHNICAL SCHOOL, COLLEGE OR UNIVERSITY**

A. Certification of Eligibility for ORP

This is to certify that \_\_\_\_\_ is classified as EXEMPT from the Fair Labor Standards Act and is not a student or temporary employee. Therefore, this employee has the option to participate in either the ORP or the TCRS in accordance with the provisions of Tennessee Code Annotated, Section 8-25-204. This individual is employed:  Full-Time  Part-Time

B. Certification of Unused Sick Leave *(to be completed only if employee is NOT transferring funds from TCRS)\**

Effective \_\_\_\_\_, this employee has the following unused accumulated sick leave:

Number of Hours: \_\_\_\_\_ or Number of Days: \_\_\_\_\_

For teachers: How many sick days did this employee accumulate on an annual basis?  9  10  11  12

Certifying Official's Signature / Title

Date