

Part-Time Retirement Selection Form

Employee Name: _____

Employee ID: _____

Select the response that applies to you:

I am retired and drawing annuity benefits from the Teacher Retirement System of Texas (TRS) and am exempt from provisions of the OBRA law.

Name of College/University in which you retired: _____

Retirement Date: _____

I am retired from higher education under an Optional Retirement Plan (ORP) and am exempt from the provisions of the OBRA law.

Name of College/University in which you retired: _____

Retirement Date: _____

I am drawing disability benefits from TRS or ERS and am exempt from the provisions of the OBRA law.

Name of School or Agency: _____

Retirement date when your disability benefits began: _____

I am currently employed as a benefit eligible employee in public education at an ISD or college/university and am participating in the Teacher Retirement System of Texas (TRS). ****In addition, if you are currently contributing to TRS you must submit a copy of a check stub showing that you are making contributions to the Human Resources office.****

Name of ISD, College or University where you are currently employed: _____

None of the above. I understand that I must enroll in Lee College's part-time Money Purchase Retirement Plan. I understand that there is no enrollment form to complete, but I must submit a completed, signed Designated Beneficiary Form.

Employee Signature: _____

Date: _____