

Insurance Information

Has the employee ever been covered under a Group Benefits program? Yes No

What is the last day of their Group Benefits coverage? _____

Leave and Payroll Information

Vacation Leave Balance _____ Sick Leave Balance _____

The leave hours to be transferred include accrual through what date? _____

Longevity Pay If YES: Monthly amount _____ Date amount is paid through _____

Hazardous Pay If YES: Monthly amount _____ Date amount is paid through _____

Benefit Replacement Pay If YES: Monthly amount _____ Date amount is paid through _____

Retirement Type

Which retirement program did the employee participate in?

Teacher Retirement System of Texas (TRS)

Optional Retirement Program (ORP)

Employment Retirement System of Texas (ERS)

Other _____

None

Did the employee formally retire from your agency? Yes No

If yes, what was their retirement date? _____

If the employee participated in ORP, answer the following:

State contribution rate _____ ORP election date _____ Are they vested? Yes No

Eligibility date: ORP 1 (08/31/1995 or prior) ORP 2 (09/01/1995 thru 08/31/1996) ORP 3 (09/01/1996 or after)

Which financial company did they invest with? _____

Preparer Information

Completed by _____

Title _____ Agency # _____

Email _____ Phone _____

Signature _____ Date _____

► Please email this form to hrrecords@uta.edu.