



VERIFICATION OF OPTIONAL RETIREMENT PROGRAM PARTICIPATION

You may either enter your changes using your online account at www.ers.state.tx.us or send this completed form to:

ERS
P.O. Box 13207
Austin, Texas 78711-3207
(877) 275-4377 Toll-free
fax (512) 867-7438

Information provided to ERS is maintained for managing your benefits.
If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.

Name (As it appears on ERS records)	Other Names	Last 4 digits of SSN
		XXX-XX-
This form is to be completed by an authorized official of the institute of Higher Education		
I hereby certify that the person named above has/had service performed as a participant in the Optional Retirement Program under Chapter 830.		
Dates Service	Total Creditable Service	Name of Higher Education Institution

I hereby affirm that I am an authorized official and that all statements provided above are true and correct to the best of my knowledge.

Signature and Title of Verifying Official

Date

Work Phone