The University of Texas System VESTING/TERMINATION STATUS FORM

Name:	Social Security Number:
The U	niversity of Texas
	Employee terminated from employment effective and was participating in (check any that apply):
	 Optional Retirement Program (ORP) UTSaver 403(b) Tax Sheltered Annuity (TSA) UTSaver 457(b) Deferred Compensation Plan (DCP)
For Ol	RP Purposes Only
	Employee is employed and has met the Optional Retirement Program (ORP) vesting requirement.
	 Final ORP deposit (or adjustment) in the amount of \$ is included on our report for which will be/was sent to you on Final disposition of Employee's account must not be made until this deposit (or adjustment) has been received.
	 Has employee vested? Yes No
	ORP Employer contributions should be refunded Yes No
	Amount to be refunded \$
	ant to 19 Texas Administrative Code Sections 25.6(a)(11) and 25.6(f)(2), you are hereby requested rn all Employee forfeited ORP Employer contributions within 30 days of receiving this request.]
	All ORP Employer contributions should be mailed to:
	·
Comm	ents:
 Humai	n Resources/Benefits Office Signature Date

Notice about Social Security Numbers

Federal law requires The University of Texas System to report income and SSN's for all employees to whom compensation is paid. Employee SSNs are maintained and used by The University of Texas System for payroll and benefits purposes and are reported to Federal and State agencies on forms required by law for benefits purposes. Further disclosure of the employee's social security number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).