

Florida Retirement System
State University System Optional Retirement Program (SUSORP)
Change Form
PO Box 9000
Tallahassee, FL 32315-9000
Toll Free 1-877-377-3675



TO BE COMPLETED BY EMPLOYEE (Please Type or Print)

Member SSN : _____

Member Name: _____

Birthdate: _____

Gender _____

As a participating ORP member, I elect the following changes:

Employer's % (Must Equal 10.42% of Salary*)	Employee's % (Cannot Exceed 10.42% of Salary*)	Name of Company
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total _____.____%	Total _____.____%	

I Understand That:

- *1. It is my responsibility to assure that my tax deferred income deductions do not exceed the maximum amount set in the Internal Revenue Service Code and Regulations.
- *2. If my maximum exclusion allowance allows it and I choose to have up to 10.42% of my adjusted gross taxable salary deducted as an employee contribution to my plan, my adjusted gross income minus any payroll deductions, such as to a credit union, the 457 plan, or other, must be sufficient to cover this personal ORP deduction. My employer contributions shall be based upon my total unadjusted gross salary.

Member Signature _____

Date _____

TO BE COMPLETED BY EMPLOYER

Employing Agency: _____

Agency Number: _____

Reason for Submitting This form

____ Company Change ____ Contributions Change

Signature of University Personnel Officer _____

Date _____

General Information

To Be Completed by the Employee

- **Member's SSN** – The employee's social security number must be entered in this space. Example 123/45/6789. The member's entire account is controlled by the use of the social security number; therefore, it is imperative that this entry be correct.
- **Member's Birthdate** – Enter all dates as month, day, and year. Example: May 8, 1939 would be entered as 05/08/39
- **Member's Name** – Enter the employee's last name, first name, and middle initial, in this order. If the employee's name includes Jr., Sr., II, etc., enter this after last name.

To Be Completed by Employer

- **Agency** – Enter the complete name of the employing agency. Example: Florida State University.
- **Agency Number** – This is a five digit code. Example: 04910
- **Signature of Official Completing this Certification** – The individual assisting the member in completing this form should sign in this space, and include the date.
- **Reasons for Submitting this Form:** Enter an X on the appropriate line. If "other" is marked, briefly explain specific change being reported.