

INSTRUCTIONS:

- 1. Complete appropriate items
- 2. Forward copy of carrier application
- 3. Attach TRS-28, if applicable
- 4. Attach TRS-29, if applicable
- 5. Return to Human Resources

**TRINITY VALLEY COMMUNITY COLLEGE  
INITIAL ORP SALARY REDUCTION AGREEMENT  
OR CHANGE OF CARRIER**

NAME \_\_\_\_\_ SSN \_\_\_\_\_  
(Print or Type)

\_\_\_\_\_ Relative to my initial election to participate in the Optional Retirement Program, effective on or after the first of \_\_\_\_\_, 20 \_\_\_\_.

Reduce my gross compensation by 6.65% (percentage amount allowed by law) per month of compensation.

\_\_\_\_\_ I hereby elect to change my Optional Retirement Program carrier effective on or after the first of \_\_\_\_\_, 20 \_\_\_\_.

Changes are permitted no more than once per calendar year.

Reduce my gross compensation by 6.65% (percentage amount allowed by law) per month of compensation.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Employee)

**CARRIER INFORMATION: AGENT SIGNATURE** \_\_\_\_\_

AGENT \_\_\_\_\_ COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_