

**Florida Retirement System  
State University System Optional Retirement Program (SUSORP)  
Change Form**



PO Box 9000, Tallahassee, FL 32315-9000  
Phone - 850-488-8837 - Toll Free -877-377-3675 - Fax 850-410-2196

**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* Including Employee Mandatory 3%)	Voluntary Employee's % (Cannot Exceed 7.42% of Salary*)	Name of ORP Provider 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 by the Internal Revenue Service Code and Regulations.
- \*2. If my maximum exclusion allowance allows it and I choose to have up to 7.42% 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.
- **Reason for Submitting this Form** – Enter an X on the appropriate line.