

VERIFICATION OF BENEFITS & RETIREMENT
State of Texas Agency Request for Information



TEXAS STATE AGENCY EMPLOYER AGENCY NAME: _____

The individual below has been hired by Texas A&M University-Corpus Christi. You are being contacted as a previous employer of this individual. The following is requested for our records to determine retirement and benefit eligibility at date of hire. Thank you in advance for your assistance.

EMPLOYEE NAME (Last, First Middle)	LAST 4 DIGITS OF SSN
APPROXIMATE DATES OF EMPLOYMENT	JOB TITLE OF POSITION HELD

INSTRUCTIONS

Please complete and return to Texas A&M University-Corpus Christi at Benefits@tamucc.edu.

RETIREMENT

A. Select the Employee's Retirement Plan

- Employee was not eligible for a retirement plan.
- Teacher Retirement System of Texas (TRS)
- Employee Retirement System of Texas (ERS)
- Optional Retirement Plan (ORP) Not Vested Vested Date: _____
ORP Start Date: _____ Employer Contribution Rate: _____

B. Was the Employee ever offered ORP and Declined?

- No | Yes - Decline Date: _____

C. Did the Employee retire?

- No | Yes - Retirement Date: _____

BENEFITS

A. Was the employee eligible for Insurance Benefits?

- No | Yes - Termination Date: _____

B. Is this considered a direct transfer?

- No | Yes

SIGNATURE

Print Name _____ Email Address _____ Phone _____

Signature _____ Job Title _____ Date _____