

State University of New York Retirement Program History Sheet

This form is used to communicate prior participation in a retirement system.

Name: _____
Last four digits of SS#: _____
Phone: _____
Title: _____
Campus: SUNY Upstate Medical University

1. Have you ever been a member of the SUNY Optional Retirement Program (ORP)? Yes No

Name Of Campus	Title of Position	Full or Part Time	From Mo/Day/Yr	To Mo/Day/Yr	Contract Number (If Known)

2. Do you currently own a TIAA, Fidelity, VALIC, or Voya basic retirement annuity contract to which employer contributions were made? Yes No

Name Of Vendor	Contract Number	Contributing Employer

3. Are you presently a member of the New York State Employees' Retirement System (ERS) * or the New York State Teachers' Retirement System (TRS)? Yes No

Name Of Retirement System	Membership Number	Membership Date

4. Are you presently receiving a retirement benefit from any public Retirement System of New York State? Yes No

Name of Retirement System	Date of Retirement

Signed: _____ **Date:** _____
(mm/dd/yyyy)

* If yes, and you desire to join the ORP but have less than ten years of service credit, contact your Human Resources office and request Form ORP-4. Attach that form to this one when sending.