



## VERIFICATION OF OPTIONAL RETIREMENT PROGRAM PARTICIPATION

You may either enter your changes using your online account at [www.ers.texas.gov](http://www.ers.texas.gov) or send this completed form to:  
**Employees Retirement System of Texas**  
**Customer Benefits**  
**P.O. Box 13207**  
**Austin, Texas 78711-3207**  
**Toll-free (877) 275-4377**  
**Fax (512) 867-7438**

**Information provided to ERS is maintained for managing your benefits.  
 If you have questions about your information, or believe that information provided to ERS may be incorrect,  
 please notify ERS.**

Name (As it appears on ERS records)	Other Names	Last 4 digits of SSN
		XXX-XX-

**This form is to be completed by an authorized official of the institute of Higher Education**

I hereby certify that the person named above has/had service performed as a participant in the Optional Retirement Program under Chapter 830.

Start Date	End Date	Name of Higher Education Institution

I hereby affirm that I am an authorized official and that all statements provided above are true and correct to the best of my knowledge.

\_\_\_\_\_

Signature and Title of Verifying Official

\_\_\_\_\_

Date

\_\_\_\_\_

Work Phone