

## **Notice of Interest Form – Section 60**

Complete the required information on this form and return it to the Department of Higher Education on or before the “Due Date” noted below. Use the enclosed pre-addressed envelope, or send it by fax (617-994-6951), or attached to an email at “ORP@bhe.mass.edu”

Due Date: The Department of Higher Education must receive this completed form on or before the close of business on **Monday, October 27, 2014** to avoid forfeiting your opportunity to change retirement plans under Section 60.

ORP Election: You may also use this form to report your election to remain in the Optional Retirement Program (See the last section on this form).

### **Amount of Service and Related Cost**

I am submitting this Notice of Interest under Section 60 in order to learn the amount of Qualifying Service I must purchase if I elect to transfer my Optional Retirement Program (ORP) participation to the Massachusetts State Employees’ Retirement System (MSERS), and the cost to purchase that service.

### **Required Information**

Retiring Soon: I intend to retire within the next twelve (12) months.

Target Retirement Date: \_\_\_\_\_ Not Applicable: \_\_\_\_\_

The absence of a response to this (Retiring Soon) section will be deemed a negative response: (N/A).

Other Service: I have, or have had, service with other public employers’ retirement plans.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Public Employer Name: \_\_\_\_\_

Public Employer Name: \_\_\_\_\_

Public Employer Name: \_\_\_\_\_

The absence of a response to this (Other Service) section will be deemed a negative response: (No).

(over)

**Your Information (please print carefully)**

Participant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Email Address (your option): \_\_\_\_\_

Telephone (your option): \_\_\_\_\_

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**ORP Election**

*If* you prefer remaining in the Optional Retirement Program, then carefully read the statement below, sign the form and return this original to the Department of Higher Education (enclosed pre-addressed envelope). You should keep a copy of the signed form for your own records.

I hereby elect to maintain my participation in the Massachusetts Optional Retirement Program (ORP) and forfeit my opportunity to transfer that participation to the Massachusetts State Employees' Retirement System under Section 60. I understand that my choice to remain in the ORP is irrevocable.

\_\_\_\_\_  
Participant Name (please print carefully)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date