Notice of ORP Eligibility

Welcome!

I am pleased to tell you that as a new employee, you may be eligible to choose your pension coverage from the Commonwealth’s two retirement plans:

- The **Optional Retirement Program** (ORP), and
- The **State Employees’ Retirement System** (SERS).

You are not eligible to choose your retirement coverage if you are already vested in a state pension such as the SERS, the Mass. Teachers’ Retirement System; or other plan operating under Chapter 32 of the Massachusetts General Laws (i.e., many county and municipal pensions).

**Election Period**

If you are eligible for ORP coverage, you must select one of the two retirement plans during your 180-day Election Period. Your 180-day election period begins on the last day of the pay period in which you are hired. If you do not actively select one of the plans, you will remain in the SERS.

I strongly encourage you to utilize the Election Period to learn about the features of both plans, to determine which of them better suits your expectations and needs. If you are uncertain about your ability to make this decision alone, then consider employing an independent, experienced financial advisor to help you.

To learn more about the ORP and the Providers offering investments and services under the Plan, and to enroll, if you so choose, go to the [ORP web page](#) within the Benefits Website.

The State Retirement Board can answer your questions about the SERS.

Your retirement benefits are an important part of your overall compensation package with the Commonwealth, and your choice of coverages is irrevocable. Therefore, you should exercise great care in selecting the plan that best suits your needs.

Please confirm your receipt of this notice by signing below and returning the original to the Benefits Department in the HR Service Center. Remember to keep a copy for yourself.

Sincerely,

UMMS Benefits Department

EMPLOYEE SECTION: Please fill out and return the original signed copy to me.

I have participated in the ORP during six of the past twelve months: ☐ True ☐ False

________________________________________  ________________
Employee’s Signature                      Date