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| logo122508.png | | | | | | | | University of Texas at San Antonio  1 UTSA Circle  San Antonio, Texas 78249 | | | | | | | | | | P: 210.458.4250  F: 210.458.7890  benefits@utsa.edu | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **TRANSFER OF RETIREMENT & INSURANCE RECORDS** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employee Name:** | |  | | | | | | | | **EMPL ID:** | | |  | | | | | | | | **Hire Date:** | |  | |
| **Texas Teacher Retirement System** | | | | | | | | | | | **Yes** | | | | **No** | | | | | | | | | |
| If yes, was employee ever offered ORP? | | | | | | | | | | | **Yes** | | | | **No** | | | | | | | | | |
| *If yes, attach a copy of the ORP Acknowledgement Form* | | | | | | | | | | | | | | | | | | | | | | | | |
| **Texas Optional Retirement Program** | | | | | | | | | | | **Yes** | | | | **No** | | | | | | | | | |
| *If yes, attach a copy of the TRS 28 (Notice of Election to Participate in ORP) & complete the following fields.* | | | | | | | | | | | | | | | | | | | | | | | | |
| Offer Date: | | | | | |  | | | | Election Date: | | | |  | | | | | | | | | | |
| State Contribution Rate: | | | | | | | | | | | **6.0%** | | | | **8.5%** | | | | | | | | | |
| Vested: | | | **Yes** | | | | Vesting Date: | | | | | | | **No** | | | | | | | | | | |
| Name of Carrier: | | | | | | | | | | |  | | | | | | | | | | | | | |
| **UTSaver Tax Shelter Annuity** | | | | | | | | | | | **Yes** | | | | **No** | | | | | | | | | |
| Name of Carrier: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Monthly Deduction: | | | | | **$** | | | | | Year to Date: | | | | | | **$** | | | | | | | | |
| **UTSaver Deferred Compensation Program** | | | | | | | | | | | **Yes** | | | | **No** | | | | | | | | | |
| Name of Carrier: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Monthly Deduction: | | | | | **$** | | | | | Year to Date: | | | | | | **$** | | | | | | | | |
| **MEDICAL Insurance** | | | | | | | | | | | **Yes** | | | | **No** | | | | | | | | | |
| If yes, Name of Carrier *(UT Select BCBS PPO)*: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Sub Only | Sub/Spouse | | | | | | Sub/Child(ren) | | | | | Sub/Family | | | | | | | | | | | | |
| **DENTAL Insurance** | | | | | | | | | | | **Yes** | | | | **No** | | | | | | | | | |
| If yes, Name of Carrier *(Delta DHMO)*: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Sub Only | Sub/Spouse | | | | | | Sub/Child(ren) | | | | | Sub/Family | | | | | | | | | | | | |
| **VISION Insurance** | | | | | | | | | | | **Yes** | | | | **No** | | | | | | | | | |
| If yes, Name of Carrier *(Superior)*: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Sub Only | Sub/Spouse | | | | | | Sub/Child(ren) | | | | | Sub/Family | | | | | | | | | | | | |
| **LIFE Insurance** | | | | | | | | | | | **Yes** | | | | **No** | | | | | | | | | |
| If yes, Name of Carrier *(Dearborn National)*: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Employee Level |  | | | | | | Family Coverage: | | | | |  | | | | | | | | | | | | |
| **AD&D Insurance** | | | | | | | | | | | **Yes** | | | | **No** | | | | | | | | | |
| If yes, Name of Carrier *(Dearborn National)*: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Employee Amount | | | | | **$** | | | | | Family Amount: | | | | | | **$** | | | | | | | | |
| **LONG TERM DISABILITY Insurance** | | | | | | | | | | | **Yes** | | | | **No** | | | | | | | | | |
| If yes, Name of Carrier *(Dearborn National)*: | | | | | | | | | | |  | | | | | | | | | | | | | |
| **SHORT TERM DISABILITY Insurance** | | | | | | | | | | | **Yes** | | | | **No** | | | | | | | | | |
| If yes, Name of Carrier *(Dearborn National)*: | | | | | | | | | | |  | | | | | | | | | | | | | |
| **FLEXIBLE SPENDING ACCOUNTS** | | | | | | | | | | |  | | | |  | | | | | | | | | |
| Medical Reimbursement: | | | | | | | **Yes**  **No** | | Monthly Amount: | | | | | | | | **$** | | | Year to Date: | | | | **$** |
| Dependent Day Care Reimbursement | | | | | | | **Yes**  **No** | | Monthly Amount: | | | | | | | | **$** | | | Year to Date: | | | | **$** |
| **Employee’s Term Date:** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Print Name & Title:** | | | |  | | | | | | | | | | | | | | | **Phone # :** | | |  | | |
| **Agency Name:** | | | |  | | | | | | | | | | | | | | | **Date :** | | |  | | |