



OFFICE OF HUMAN RESOURCES

THE UNIVERSITY OF TEXAS AT DALLAS

800 W CAMPBELL RD, RICHARDSON, TEXAS 75080

(972) 883-2221 FAX (972) 883-2156

Benefits & Retirement Eligibility and ACA Notice Acknowledgment

I acknowledge that I have been informed that I have 31 days from the first day of my initial benefits eligibility date to enroll in the optional insurance coverage (i.e. voluntary insurance plans and medical dependent coverage) or waive the basic coverage package. To enroll or waive, I must make my benefits selections on line through [My UT Benefits](#) within 31 days from my initial benefits eligibility date. I understand that failure to enroll within the 31-day period will result in no voluntary coverage for me and/or my dependents. I understand that I may make subsequent elections during Annual Enrollment in July of each year with a September 1 effective date. I further understand that if I have a qualified status change (i.e. marriage, divorce, birth, FTE% or job change and change in spouse's coverage) I have 31 days from the date of such change to contact the Office of Human Resources to make any changes to my coverage.

I also acknowledge receipt of the UT Dallas benefits information and the Affordable Care Act Notice from the Office of Human Resources. I further acknowledge and understand that I am eligible to participate in the [UT System voluntary retirement programs](#). I understand that I may enroll online through the [UT Retirement Manager](#) website at any time during the year subject to the payroll processing deadlines posted online.

Important notice: [ORP Eligible employees](#) (i.e. Full-time Faculty, Professional Librarians, certain Director and senior administrative positions) have a one-time irrevocable option to elect the [Optional Retirement Program](#) within 90 days of their first ORP eligibility date in lieu of the [Teacher Retirement System of Texas \(TRS\)](#) Pension Plan. ORP eligible employees are required to complete the [ORP Acknowledgement Form](#) and return the completed form to the Office of Human Resources – Employee Benefits Services. To enroll in ORP, review the [ORP enrollment information](#); complete the [TRS 28 Form-ORP Election](#) and submit to UTD Benefits Office. You will also be required to login to [UT Retirement Manager](#) to select a vendor. Failure to submit the [TRS 28 Form-ORP Election](#) within the 90-day election period will result in continuation of the mandatory enrollment in the TRS Pension Plan.

STATE EMPLOYMENT, RETIREMENT & BENEFITS PROGRAMS NOTIFICATION (Please check all information applicable to you):

I have been employed by the following UT institution or State of Texas Agency: _____
Please complete the prior State Service Request Form to ensure accurate longevity pay and leave accrual processing.

I have been covered under a State Funded Insurance Program from the following other State Agency or Institution:
Institution or State Agency Name(s): _____
Insurance Coverage Effective Date(s): _____ Insurance Cancellation Date(s): _____

I have participated in the Teacher Retirement System (TRS) and have have **not** withdrawn my funds/account.

I have participated in the State of Texas Optional Retirement Program (ORP) with the following agency/institution:
Participation Dates: From _____ To: _____

I am retired from a State of Texas plan, Texas Junior College/Community College or Independent School District under:
 TRS ERS ORP Other Retirement date: _____ State/College/ISD Name: _____

I am currently employed or previously employed by an Independent School District in Texas Yes No
If the answer above is yes, please provide the following information:
ISD Name: _____ Dates: From: _____ To: _____ Hours per week: _____

None of the above applies

Print Name

Position/Title

Signature of Employee

Date

UTD ID

Department

Note: Please send the completed form to the Office of Human Resources-Employee Benefits Services within 3 days of hire.