

ORP Election Form

Before you sign: Read the important information on this form.

Part 1. Employee Information

Name _____

Social Security Number _____

Employee Signature _____

Date _____

Part 2. Contribution Information (Select all that apply)

☐ Initiate new ORP Account

☐ Change ORP Provider. This is notification to change my Service Provider from _____ to _____

☐ Effective Date of above election: _____

Part 3. Service Provider _____

Part 4. Acknowledgement and Representation of Sales Agent/Representative

I agree to comply with all pertinent written directives regarding the solicitation of Employees.

Sales Agent/Representative Name _____

Representative Signature _____

Phone _____

Address _____

Part 5. Employer Signature

Employer acknowledges the ORP election.

Employer Signature _____

Date _____

Title _____