

# 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 \_\_\_\_\_