UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTH
AUTHORIZATION TO CHANGE CARRIERS
OPTIONAL RETIREMENT PROGRAM/TAX SHELTERED ANNUITY

EMPLOYEE (print)	DEPARTMENT	SOCIAL SECURITY NUMBER

Under the provisions authorized by Senate Bill 292, Regular Session 60th Texas Legislature, as amended, and under the following policies established by the UNT Health Science Center at Fort Worth:

1. An employee is allowed no more than one change in carrier in any calendar year.
2. To offer Optional Retirement to employees of UNTHSC-FW, the company must meet the established guidelines of UNT Health Science Center.

OPTIONAL RETIREMENT

Change my carrier from:_____ to:_____
Current Carrier New Carrier

effective _____, 20_____ the check received on _____, 20_____

TAX SHELTERED ANNUITY

Change my carrier from:_____ to:_____
Current Carrier New Carrier

effective _____, 20_____ the check received on _____, 20_____

EMPLOYEE'S SIGNATURE	HUMAN RESOURCE SERVICES REPRESENTATIVE
DATE	DATE

Distribution: Original - Human Resource Services
Copies - Surrendering Carrier, Receiving Carrier, Employee

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