

**State University System Optional Retirement Program (SUSORP)  
Change Form**



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Email: [orpdata@dms.fl.gov](mailto:orpdata@dms.fl.gov)

Name: \_\_\_\_\_  
(Last name) (First name) (Middle initial)

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
mm/dd/yyyy

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**As a participating SUSORP member, I elect the following changes:**

<b>Provider Company</b>	<b>Required Employer and Employee Contributions</b> The total employer contribution is 5.14%. I choose to allocate contributions to one or more provider companies as indicated below. My 3% required employee contribution will also be allocated at the same ratio.	<b>Voluntary Employee Contribution</b> Total percentage must not exceed 5.14% of your salary.
TIAA	%	%
AIG	%	%
VOYA	%	%
EQUITABLE	%	%
	<b>Total ___% (Must equal 5.14%)</b>	<b>Total ___% (Must not exceed 5.14%)</b>

**I understand that:**

1. It is my responsibility to ensure that my tax-deferred income deductions do not exceed the maximum amount set in the Internal Revenue Service Code and Regulations.
2. I may choose to have up to 5.14% of my adjusted gross taxable salary deducted as my Voluntary Employee Contribution; however, (a) I must be under the maximum exclusion allowance and (b) my adjusted gross income minus payroll deductions (e.g., credit union, or 457 plan), must be sufficient to cover the Voluntary Employee Contribution.

**MEMBER: PLEASE SIGN AND SUBMIT THIS FORM TO YOUR EMPLOYER**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYER: PLEASE COMPLETE INFORMATION BELOW AND SUBMIT TO THE DIVISION OF RETIREMENT**

Agency Name: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Member's Reason for Submitting this Form:

Company Change       Contributions Change      Effective pay date for change: \_\_\_\_\_

\_\_\_\_\_  
Authorized Personnel Signature      Date