

TEXAS HIGHER EDUCATION COORDINATING BOARD  
Fiscal Year 1999 Report on Optional Retirement Program Participation

**Part A - CONTRIBUTIONS**

**DUE by NOVEMBER 1**

1. Institution Name: The University of Texas Medical Branch at Galveston

2. Employer Contribution Rate Category (check only one):     8.5%     7.31%     6%

Note: This report covers the period  
09/01/98 through 08/31/99.

**Note: A separate Part A report (pages 1 and 2 only) must be completed for each rate category.**

3. Number of ORP participants at your institution, their ORP salary, and your employer contribution during the fiscal year, according to source of funds:

**Please type or print clearly for data entry. ROUND TO THE NEAREST DOLLAR.**

Salary Source (Definitions provided on page 1-def.)	(1) No. of ORP Participants *	(2) Salary of these participants in this fiscal year	(3) Employer ORP contribution for these participants in this fiscal year
A. General Revenue Funds	767	\$73,681,922.70	\$4,420,916.24
B. Other Educational and General Funds	N/A	\$73,681,922.70**	\$1,842,048.95
C. Non-Educational and General Funds	329	\$32,258,887.12	\$2,742,005.20
D. Federal Funds and Private Grants	113	\$6,616,965.76	\$562,442.41
<b>E. TOTAL</b>	<b>1209</b>	<b>\$112,557,775.58</b>	<b>\$9,567,412.80</b>

\*\* A & B are the same salary

**Note: Complete items 4a, 4b and 5 ONLY on the report for 6% contributions (NOT on the 7.31% or 8.5% reports).**

4a. Number of employees who initially became eligible for ORP during the fiscal year and elected to participate in ORP in lieu of TRS: \_\_\_\_\_

4b. Number of employees who initially became eligible for ORP during the fiscal year and elected to remain in TRS: \_\_\_\_\_

Total: \_\_\_\_\_

5. Number of qualified Optional Retirement Program companies that are authorized to conduct business on your campus: \_\_\_\_\_

*(Do not include companies that are authorized for TSAs only.)*

\*For headcount purposes only, participants whose ORP employer contribution was paid from multiple sources should be reported only once in the category that was considered their primary source of matching. Participants whose sources of funds for salary and ORP employer contributions are not the same should be reported in the category from which the ORP contribution was paid.

**TEXAS HIGHER EDUCATION COORDINATING BOARD**  
**Fiscal Year 1999 Report on Optional Retirement Program Participation**

**FUND DEFINITIONS**

(for completion of Item 3 on page 1 - Salary Source)

Report Item Number	Fund Name	Fund Definition
3.A.	General Revenue Funds	Appropriate General Revenue Funds.
3.B.	Other Educational and General Funds	Appropriated funds, other than General Revenue. Includes tuition and fees at the general academic and health-related institutions, and a Texas State Technical College System. Includes all General Revenue-Dedicated funds.
3.C.	Other Educational and General Funds	Non-appropriated funds, other than federal and private funds. Includes designated funds, auxiliary funds, endowment funds, and restricted funds. Also includes tuition and fees at the community and junior colleges.
3.D.	Federal Funds and Private Grants	Non-appropriated funds from the federal government or from private sources.

Note: If the funding source is Available University Funds, indicate these amounts with a separate category.  
 (Insert this information in the blank space above E. TOTAL.)



TEXAS HIGHER EDUCATION COORDINATING BOARD  
Fiscal Year 1999 Report on Optional Retirement Program Participation

**Part A - CONTRIBUTIONS**

**DUE by NOVEMBER 1**

Institution Name: The University of Texas Medical Branch at Galveston

Employer Contribution Rate Category (check only one):         8.5%     7.31%     6%

Note: See next page for list of  
company names/codes

**Note: A separate Part A report (pages 1 and 2 only) must be completed for each rate category.**

6. Total dollar remittance in Fiscal Year 1999 to the Optional Retirement Program by company, using additional pages, if required, with the appropriate letter indicated (e.g., 2(a), 2(b), 2(c), etc.) in the upper right corner:

**Please type or print clearly for data entry. ROUND TO THE NEAREST DOLLAR.**

(1) Company Name (in alphabetical order)	(2) Co. Code	(3) No. of ORP Participants	(4) Employee Contribution	(5) Employer Contribution	(6) Total Remittance
A. AETNA	1	284	1,795,305.42	2,294,751.59	4,090,057.01
B. AMERICAN CENTURY	179	9	32,410.21	41,426.74	73,836.95
C. AMERICAN FUNDS GROUP	168	40	265,992.92	339,990.84	605,983.76
D. AMERICAN GENERAL LIFE INS	8	1	4,708.55	6,018.46	10,727.01
E. AMERICAN INVESTORS, INC	159	1	13,168.27	16,831.60	29,999.87
F. AMERICAN NATIONAL FUNDS G	181	1	9,547.43	12,203.50	21,750.93
G. DELTA LIFE SECURITIES, IN	227	3	28,927.33	36,974.73	65,902.06
H. DIVERSIFIED	223	3	19,851.24	25,373.64	45,224.88
I. EQUITABLE LIFE ASSURANCE	24	5	29,150.68	37,260.24	66,410.92
J. EVERGREEN KEYSTONE INVEST	122	1	3,932.96	5,027.14	8,960.10
K. FAMILY LIFE INS CO	106	1	4,230.72	5,407.68	9,638.40
L. FIDELITY INVESTMENT RETIR	115	208	1,325,208.01	1,693,874.48	3,019,082.49
M. FIDELITY STANDARD LIFE	164	1	9,810.60	12,539.92	22,350.52
N. GALIC DISBURSING COMPANY	30	2	6,550.20	8,372.40	14,922.60
O. GREAT WEST LIFE ASSURANCE	35	31	197,289.78	252,174.85	449,464.63
P. IDS LIFE INSURANCE CO	42	13	77,129.40	98,586.53	175,715.93
Q. INTERGRATED RESOURCES	142	2	5,316.24	6,795.24	12,111.48
R. INVESTORS LIFE INS CO OF	163	1	3,233.76	4,133.32	7,367.08
S. JACKSON NATIONAL LIFE INS	117	8	47,498.77	60,712.76	108,211.53
T. KEMPER INVESTORS LIFE INS	45	54	364,550.17	465,966.74	830,516.91

U. LIFE INS OF THE SOUTHWEST	146	1	4,723.80	6,037.92	10,761.72
V. LINCOLN NATIONAL LIFE	49	23	121,712.21	155,572.05	277,284.26
W. LINCOLN NATIONAL PENSION	49	4	27,561.45	35,229.15	62,790.60
X. MERRILL LYNCH	176	22	146,997.81	187,892.18	334,889.99
Y. METROPOLITAN LIFE INSURAN	52	42	182,651.12	233,464.22	416,115.34
Z. MIDLAND NATIONAL LIFE	163	2	6,891.00	8,808.32	15,699.32
AA. NATIONWIDE LIFE INS CO	58	9	62,004.83	79,254.50	141,259.33
BB. NEW ENGLAND MUTUAL LIFE	59	2	7,198.09	9,200.62	16,398.71
CC. NORTH AMERICAN SECURITY	154	1	3,825.96	4,890.36	8,716.32
DD. NORTHERN LIFE INS CO INS	121	9	56,088.98	71,692.66	127,781.64
EE. PIONEERING SERVICES CORP	140	8	34,937.35	44,656.66	79,594.01
FF. PRUDENTIAL INS CO OF AMER	70	5	30,413.65	38,874.62	69,288.27
GG. SAFECO LIFE INSURANCE CO	72	1	4,302.12	5,499.00	9,801.12
HH. SCUDDER FUND DISTRIBUTION	125	16	106,552.15	136,194.22	242,746.37
II. SECURITY BENEFIT LIFE	73	2	4,094.43	5,233.48	9,327.91
JJ. SOUTHWESTERN LIFE INSURAN	78	1	10,257.68	13,111.25	23,368.93
KK. TEACHERS INSURANCE & ANNU	81	109	733,260.07	937,249.12	1,670,509.19
LL. TEXAS RETIREMENT TRUST/TE	171	8	63,557.54	81,239.03	144,796.57
MM. TRANSAMERICA LIFE INS CO	82	1	2,229.80	2,850.09	5,079.89
NN. USAA LIFE INSURANCE CO	87	25	178,187.14	227,758.18	405,945.32
OO. VAN KAMPEN AMERICAN CAPIT	139	29	179,296.79	229,176.55	408,473.34
PP. VARIABLE ANNUITY LIFE INS	88	219	1,270,006.38	1,623,316.34	2,893,322.72
QQ. WADDELL & REED SVCS CO	135	1	4,529.76	5,789.88	10,319.64
<b>Subtotal of this page</b>					
<b>TOTAL, ALL PAGES (last page only)</b>		<b>1209</b>	<b>7,485,092.77</b>	<b>9,567,412.80</b>	<b>17,052,505.57</b>

\* For headcount purposes only, participants who transferred companies during the year should be reported only once, using the company they were with at the end of the year. For those participants, the employee and employer contributions should be reported as remitted to the respective companies.

TEXAS HIGHER EDUCATION COORDINATING BOARD  
Fiscal Year 1999 Report on Optional Retirement Program Participation

Part A - CONTRIBUTIONS

DUE by NOVEMBER 1

Electronic Transfer Certification

Institution Name: The University of Texas Medical Branch at Galveston

Section 830.202 of the ORP statute (Chapter 830, Texas Government Code), as amended by HB 724, 75th Legislature (1997), requires the following:

- \* An institution must send ORP contributions to ORP companies by electronic transfer if the institution is currently able to send funds by electronic transfer.
- \* If an ORP company is unable to receive funds by electronic transfer, the institution must certify such to the Coordinating Board.
- \* At least once each fiscal year, institutions must give notice to each ORP participant indicating which ORP companies are unable to receive funds by electronic transfer.

YES     NO    Were all ORP companies that received ORP contributions from this institution in FY99 able to receive ORP contributions by electronic transfer from this institution in FY99?

If "NO" please indicate below which companies were unable to receive ORP contributions by electronic transfer from this institution during FY99:

- |                                    |  |
|------------------------------------|--|
| (1) <u>American Funds Group</u>    | (4) <u>Intergrated Resources</u>               |
| (2) <u>American Investors</u>      | (5) <u>Investors Life Ins. Co. of Nebraska</u> |
| (3) <u>American National Funds</u> | (6) <u>Jackson National Life</u>               |
- (If necessary, continue on attached page.)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Page 3 cont'd

- |                                       |   |
|---------------------------------------|---|
| (7) <u>Kemper Investors Life Ins.</u> | (10) <u>Transamerica Life Ins. Co.</u>        |
| (8) <u>Nationwide Life Ins. Co.</u>   | (11) <u>Waddell &amp; Reed Services Funds</u> |
| (9) <u>New England Mutual</u>         |   |

TEXAS HIGHER EDUCATION COORDINATING BOARD  
Fiscal Year 1999 Report on Optional Retirement Program Participation

Part A - CONTRIBUTIONS

DUE by NOVEMBER 1

Contributions Data Certification

Institution Name: The University of Texas Medical Branch at Galveston

1. Part A of this report prepared by: (Please type or print clearly.)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Part A of this report approved by: (Please type or print clearly.)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. CERTIFICATION:

I certify that the information given in part A of this report is correct and true to the best of my knowledge and is in accordance with applicable statutes and rules and regulations.

Signature of REPORT APPROVER: \_\_\_\_\_

Date: \_\_\_\_\_

TEXAS HIGHER EDUCATION COORDINATING BOARD  
Fiscal Year 1999 Report on Optional Retirement Program Participation

Part B - ELIGIBILITY

DUE by NOVEMBER 1

Institution Name: The University of Texas Medical Branch at Galveston

1. ELIGIBLE POSITIONS:

Attach a list of positions currently eligible for the Optional Retirement Program at your institution.

- \* For staff positions, provide individual position names rather than using group terms such as "Administrators" and "Professionals."
- \* For faculty positions, provide just the group title (e.g., Associate Professor) rather than individual positions (e.g., Associate Professor, Biology).
- \* Do not include ineligible positions that are currently filled with Orp participants who have vested or who were "grandfathered" in 1987.
- \* Do not provide any individual employee data such as names or social security numbers.

2. CERTIFICATION:

I certify that all positions at my institution have been reviewed for eligibility to participate in the Optional Retirement Program and that the positions listed in response to item 1 above are in compliance with Chapter 25, Rules and Regulations of the Texas Higher Education Coordinating Board.

Signature of ORP Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

FAX: \_\_\_\_\_

\_\_\_\_\_

TEXAS HIGHER EDUCATION COORDINATING BOARD  
Fiscal Year 1999 Report on Optional Retirement Program Participation

**Part A - CONTRIBUTIONS**

**DUE by NOVEMBER 1**

1. Institution Name: The University of Texas Medical Branch at Galveston

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Note: This report covers the period  
09/01/98 through 08/31/99.

**Note: A separate Part A report (pages 1 and 2 only) must be completed for each rate category.**

3. Number of ORP participants at your institution, their ORP salary, and your employer contribution during the fiscal year, according to source of funds:

**Please type or print clearly for data entry. ROUND TO THE NEAREST DOLLAR.**

Salary Source (Definitions provided on page 1-def.)	(1) No. of ORP Participants*	(2) Salary of these participants in this fiscal year	(3) Employer ORP contribution for these participants in this fiscal year
A. General Revenue Funds	541	\$28,825,863.28	\$1,729,554.04
B. Other Educational and General Funds	N/A	\$28,825,863.28**	
C. Non-Educational and General Funds	443	\$19,046,659.09	\$1,142,804.70
D. Federal Funds and Private Grants	147	\$3,746,679.45	\$224,801.32
<b>E. TOTAL</b>	<b>1131</b>	<b>\$51,619,201.82</b>	<b>\$3,097,160.06</b>

\*\* A & B are the same salary

**Note: Complete items 4a, 4b and 5 ONLY on the report for 6% contributions (NOT on the 7.31% or 8.5% reports).**

4a. Number of employees who initially became eligible for ORP during the fiscal year and elected to participate in ORP in lieu of TRS: 202

4b. Number of employees who initially became eligible for ORP during the fiscal year and elected to remain in TRS: 15

Total: 217

5. Number of qualified Optional Retirement Program companies that are authorized to conduct business on your campus:  
(Do not include companies that are authorized for TSAs only) 8

\*For headcount purposes only, participants whose ORP employer contribution was paid from multiple sources should be reported only once in the category that was considered their primary source of matching. Participants whose sources of funds for salary and ORP employer contributions are not the same should be reported in the category from which the ORP contribution was paid.

TEXAS HIGHER EDUCATION COORDINATING BOARD  
Fiscal Year 1999 Report on Optional Retirement Program Participation

Part A - CONTRIBUTIONS

DUE by NOVEMBER 1

Institution Name: The University of Texas Medical Branch at Galveston

Employer Contribution Rate Category (check only one):  8.5%  7.31%  6%  
Note: A separate Part A report (pages 1 and 2 only) must be completed for each rate category.

Note: See next page for list of company names/codes

6. Total dollar remittance in Fiscal Year 1999 to the Optional Retirement Program by company, using additional pages, if required, with the appropriate letter indicated (e.g., 2(a), 2(b), 2(c), etc.) in the upper right corner:

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D. FIDELITY INVESTMENT RETIR	115	322	983,591.73	887,452.72	1,871,044.45
E. GREAT WEST LIFE ASSURANCE	35	33	137,280.54	123,862.06	261,142.60
F. IDS LIFE INSURANCE CO	42	7	20,816.01	18,781.45	39,597.46
G. LINCOLN NATIONAL LIFE	49	12	63,351.27	57,159.04	120,510.31
H. MERRILL LYNCH	176	12	31,204.40	28,154.58	59,358.98
I. METROPOLITAN LIFE INSURAN	52	46	106,656.22	96,230.97	202,887.19
J. PIONEERING SERVICES CORP	140	6	34,330.77	30,975.10	65,305.87
K. SCUDDER FUND DISTRIBUTION	125	6	24,092.01	21,737.22	45,829.23
L. TEACHERS INSURANCE & ANNU	81	86	358,630.74	323,576.01	682,206.75
M. TRAVELERS INSURANCE CO	83	6	12,336.46	11,130.65	23,467.11
N. USAA LIFE INSURANCE CO	87	24	82,551.60	74,483.13	157,034.73
O. VAN KAMPEN AMERICAN CAPIT	139	12	79,328.00	71,574.44	150,902.44
P. VARIABLE ANNUITY LIFE INS	88	317	745,162.68	672,334.72	1,417,497.40
Subtotal of this page					
<b>TOTAL, ALL PAGES (last page only)</b>		<b>1131</b>	<b>3,432,672.75</b>	<b>3,097,160.06</b>	<b>6,529,832.81</b>

\* For headcount purposes only, participants who transferred companies during the year should be reported only once, using the company they were with at the end of the year. For those participants, the employee and employer contributions should be reported as remitted to the respective companies.

Match

3,094,840.47  
1,035.12  
650.00  
412.67

3,096,938.26

Deduct

3,429,965.14  
1,147.25  
720.42  
457.83  
3,432,290.64

Gross

51,577,409.13  
17,251.94  
10,833.33  
6,877.83  
51,612,372.23