

Teacher Retirement System

Eligibility Determination and Enrollment Authorization Form

Last Name _____ **First Name** _____ **Middle Name** _____

SSN _____

1. Have you ever contributed to the Texas Teacher Retirement System (TRS)? Yes No

TRS covered employers-Texas State supported universities, medical and dental schools, junior/community colleges, public schools, regional service centers, certain charter schools.

If yes,

a. Have you withdrawn all funds from TRS? Yes No

b. Date withdrawn _____

2. Have you ever contributed to the Texas Optional Retirement Program (ORP)?

If yes,

Institution Name _____ Dates: From _____ To _____

Institution Name _____ Dates: From _____ To _____

3. Are you currently employed at an independent school district? Yes No

4. Are you receiving an annuity from a Texas Public Retirement System? Yes No

Such as Teacher Retirement System, Employees Retirement System, Optional Retirement System, County and Municipal Retirement System.

If yes,

a. Retirement/Annuity Begin Date _____

b. Retirement System Name _____

c. Since retirement, have you worked or are you currently working for another Texas State Agency, Texas State Institution of Higher Education, Texas Community College, or Texas Independent School District? Yes No
If yes, complete the information below:

Agency/Institution Name _____ Dates: From _____ To _____

Agency/Institution Name _____ Dates: From _____ To _____

5. Are you enrolled in TRS CARE as a retiree or dependent? Yes No

If you are enrolled in TRS CARE, TRS Form 667 must be completed.

Employee Signature _____ **Date** _____ **Phone #** _____

For TRS Participants:

Upon receipt of the first month's contribution, the Teacher Retirement System mails to TRS participants an information packet, including a beneficiary designation form. The beneficiary form must be completed and returned to TRS in Austin.

For Human Resources Use Only

Eligibility *(Check one):*

TRSL TRS TRSR TRS Care Amount (TRS) \$ _____ Eligible due to current ISD Employment

Attach TRS Verification

Optional Retirement

Benefit Transaction form required to enroll

Verified by: _____

Deduction Effective Date(s): _____