

# 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a. Have you withdrawn all funds from TRS?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b. Date withdrawn \_\_\_\_\_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)?**  Yes  No

**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? If yes, complete the information below:  Yes  No

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 (TRSI) \$ \_\_\_\_\_  Eligible due to current ISD Employment

*Attach TRS Verification*

Optional Retirement

*Benefit Transaction form required to enroll*

**Verified by:** \_\_\_\_\_

**Deduction Effective Date(s):** \_\_\_\_\_

**TTU/TTUS - Print and return the completed form to the Employment Services Coordinator in your Department.**