

Teacher Retirement System of Texas (TRS)

Retirement Questionnaire

HR FORM: Revised 4/18/11

1. Are you currently employed by a TRS-covered employer (ex: UISD, LISD, LCC, etc.)?

_____ Yes _____ No

If so, give name of employer. _____

Are you currently contributing to TRS through that employer?

_____ Yes _____ No

2. If not currently contributing, have you ever worked for a TRS-covered employer?

_____ Yes _____ No

Did you contribute to TRS through that employer?

_____ Yes _____ No

Have you withdrawn your funds from TRS?

_____ Yes _____ No

3. Have you retired from TRS?

_____ Yes _____ No

If so, what is your retirement date? _____ (MM/DD/YYYY)

4. If you have retired from TRS, are you currently enrolled in TRS Care?

_____ Yes _____ No

5. If you have retired from TRS, are you currently working or previously worked during current calendar year under any other return-to-work conditions approved by TRS?

_____ Yes _____ No

If so, give dates of employment and percent effort. _____

Print Name

Social Security Number

Signature

Date

FOR HR USE ONLY

Verified TRS eligibility on TRAQS.

Date

Initials