

Sam Houston State University Human Resources

Information/Enrollment Form

Teacher Retirement System of Texas (TRS)

I. Employee Information:

Employment Date: _____ Sam ID#: _____

Name: _____ SS #: _____

Title: _____ Dept.: _____

Phone #: _____ E-mail: _____

II. Prior TRS membership information:

1. Have you ever worked for a TRS-covered employer*? ☐ No ☐ Yes
 *State supported universities, medical and dental schools, junior/community colleges, public schools, regional education service centers, certain charter schools
2. **If the answer to #1 is YES**, did you contribute to TRS during this fiscal year?
☐ No ☐ Yes
3. **If the answer to #2 is YES**, have you withdrawn your funds from TRS?
☐ No ☐ Yes
4. **If the answer to #3 is NO**, are you:
 - a) currently receiving a monthly retirement check from a Texas state agency or university, community college, or school district? ☐ No ☐ Yes
 - b) an active participating employee in TRS at a TRS-covered employer*? ☐ No ☐ Yes

If YES to either 4a or 4b, please provide:

 - Agency name: _____
 - If retiree, retirement date: _____
 - If retiree, retirement plan: ☐ Employee Retirement System ☐ TRS ☐ TX Optional Retirement Program
5. Have you ever been eligible to opt out of the Teacher Retirement System and participate in the Texas Optional Retirement Program (ORP)? ☐ No ☐ Yes

If YES, did you:

 - Opt for ORP? ☐ No ☐ Yes
 - Vest in ORP? ☐ No ☐ Yes
 - Have you been re-employed into a TRS position in a Texas independent school district since opting for ORP?
☐ No ☐ Yes

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The information provided by me in connection with this document is true and complete to the best of my knowledge.

 Signature

 Date