

Sam Houston State University Human Resources

Information/Enrollment Form

Teacher Retirement System of Texas (TRS)

I. Employee Information:

Employment Date: _____ Sam ID#: _____

Name _____
Last First Middle

Title: _____ Dept.: _____

Phone #: _____ E-mail: _____

II. Prior TRS membership information:

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

*TRS covered employers are: State supported universities, medical and dental schools, junior/community colleges, public schools, regional education service centers, certain charter schools

If YES, have you withdrawn all funds from TRS? No Yes

If YES, did you contribute to TRS during this fiscal year (September through August)? No Yes

2. **Are you currently employed at a TRS covered employer or a public school district in Texas?**

No Yes

If YES, name of employer: _____

3. **Are you currently receiving a monthly retirement or annuity check from a Texas state agency or university, community college, or school district?** No Yes

If YES, please provide:

• Agency name: _____

• Retirement date: _____

• Retirement plan: Employee Retirement System TRS TX Optional Retirement Program

4. **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 by a TRS employer in either a Texas public school district or any other TRS employer since opting for ORP? No Yes

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

Signature

Date

For Payroll Use Only:

Employment Date: _____ R02/90th day: _____ R01/Effective: _____