

Sam Houston State University Human Resources

Enrollment Form

Teacher Retirement System of Texas (TRS)

I. Employee Information:

Employment Date: _____

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 **If the answer to #2 is YES**, have you withdrawn your funds from TRS?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 another agency or institution? No Yes

If YES to either question, please provide:

- Agency name: _____
- Retirement date: _____
- 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