



**Teachers' Retirement System of Louisiana**  
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017  
 PO Box 94123 • Baton Rouge, LA 70804-9123

Form 1 (04/18)

**Submit original form ONLY.**  
 No copies, faxes, or scans  
 are accepted.

Telephone: (225) 925-6446  
 Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)  
 www.TRSL.org • web.master@trsl.org

<b>EO-1</b>
Employer number
<input type="text"/>
OK to Image <input type="checkbox"/>

If submitting multiple forms, please  
 complete: Page \_\_\_ of \_\_\_

**Authorized Contacts**

**Print in ink or type all entries except signatures.** Designate personnel who will be responsible for certifying and accessing data. The contact must provide an email address to access the TRSL database. **Notify TRSL if a contact changes so that unauthorized personnel will not have access to TRSL records.** The designated employee(s) should be familiar with the accuracy of the data as the employer will be responsible, under the provisions of LSA-R.S. 11:888(B) (C), for any errors that result from incorrect certifications. Personnel will receive communication such as email messages and Employer eNews Updates.

Access to TRSL member information is governed by the provisions of LSA-R.S. 44:1 et.seq. Information on TRSL DROP participants and retirees is more specifically governed by LSA-R.S. 44:16 A and B. Any distribution or other use of this information in violation of these statutory provisions will be the sole responsibility of the employer.

Name of Employer		
PO Box/Street Address		
City, State, 9-Digit Zip		
Telephone Number (with area code)	Fax Number (with area code)	Agency Website Address

1. Name of Designated Personnel		Email Address (required)	
Title		Telephone Number (with area code)	
Authorized Signature? <i>NOTE: If no is checked, Inquiry is the only access right allowed.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Check desired access rights from the following: <input type="checkbox"/> Inquiry <input type="checkbox"/> Prior year certifications/corrections <input type="checkbox"/> Retiree insurance deduction <input type="checkbox"/> Home address update <input type="checkbox"/> Enrollments <input type="checkbox"/> Terminations <input type="checkbox"/> File submission <input type="checkbox"/> Contribution correction <input type="checkbox"/> Sick/annual leave update corrections <input type="checkbox"/> Agency Certification (Form 11B) <input type="checkbox"/> Salary report (only for employers with no more than 25 employees) <input type="checkbox"/> ORP salary report (only for employers with no more than 25 employees)		
Authorized Signature (use only if "yes" box checked)		Date Signed (mm-dd-yyyy)	If replacing or deleting a previous designee, provide name to be deleted

2. Name of Designated Personnel		Email Address (required)	
Title		Telephone Number (with area code)	
Authorized Signature? <i>NOTE: If no is checked, Inquiry is the only access right allowed.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Check desired access rights from the following: <input type="checkbox"/> Inquiry <input type="checkbox"/> Prior year certifications/corrections <input type="checkbox"/> Retiree insurance deduction <input type="checkbox"/> Home address update <input type="checkbox"/> Enrollments <input type="checkbox"/> Terminations <input type="checkbox"/> File submission <input type="checkbox"/> Contribution correction <input type="checkbox"/> Sick/annual leave update corrections <input type="checkbox"/> Agency Certification (Form 11B) <input type="checkbox"/> Salary report (only for employers with no more than 25 employees) <input type="checkbox"/> ORP salary report (only for employers with no more than 25 employees)		
Authorized Signature (use only if "yes" box checked)		Date Signed (mm-dd-yyyy)	If replacing or deleting a previous designee, provide name to be deleted

3. Name of Designated Personnel		Email Address (required)	
Title		Telephone Number (with area code)	
Authorized Signature? <i>NOTE: If no is checked, Inquiry is the only access right allowed.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Check desired access rights from the following: <input type="checkbox"/> Inquiry <input type="checkbox"/> Prior year certifications/corrections <input type="checkbox"/> Retiree insurance deduction <input type="checkbox"/> Home address update <input type="checkbox"/> Enrollments <input type="checkbox"/> Terminations <input type="checkbox"/> File submission <input type="checkbox"/> Contribution correction <input type="checkbox"/> Sick/annual leave update corrections <input type="checkbox"/> Agency Certification (Form 11B) <input type="checkbox"/> Salary report (only for employers with no more than 25 employees) <input type="checkbox"/> ORP salary report (only for employers with no more than 25 employees)		
Authorized Signature (use only if "yes" box checked)		Date Signed (mm-dd-yyyy)	If replacing or deleting a previous designee, provide name to be deleted

**Agency Certification**

I certify that the above designated employee(s) is authorized to access and certify data maintained by the Teachers' Retirement System of Louisiana.

Name of Superintendent/Head of Agency/Agency Head Designee (Please print)

Superintendent/Head of Agency/Agency Head Designee (Signature)

Date Signed (mm-dd-yyyy)

**Additional copies can be made**