



Teachers' Retirement System of Louisiana
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Form 2PT (04/18)

00-2

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

Plan B - System 3 Parishes ONLY

Enrollment Application for Secondary Part-Time Position with Same Employer

Print in ink or type all entries except signatures. This form is for Plan B - System 3 parishes only. It is designed for multipurpose use and for automated data entry by the Teachers' Retirement System of Louisiana (TRSL). Complete only if employee is dually employed in a full-time (FT) and part-time (PT) position with the same employer and each position is covered by a different TRSL plan. Please submit original form with signatures; fax copies are not accepted.

Section 1 — Employee information (to be completed by applicant)

Name: Last, first, MI, suffix (Jr., III, etc.)			Social Security number											
Street / P.O. Box			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
City, state, zip			Attach copy of card											
Daytime telephone () ()	Evening telephone () ()	Email address	Date of birth ____ / ____ / ____ mm-dd-yyyy	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female										
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what type of visa do you possess? _____														

Section 2 — Employment information

FULL-TIME position name:			Date of employment ____ / ____ / ____ mm-dd-yyyy	
<input type="checkbox"/> TRSL Regular Plan	Daily hours employed	_____		
<input type="checkbox"/> Plan B	Daily full-time hours	_____		
PART-TIME position name:			Date of employment ____ / ____ / ____ mm-dd-yyyy	
<input type="checkbox"/> TRSL Regular Plan	Daily hours employed	_____		
<input type="checkbox"/> Plan B	Daily full-time hours	_____		
Signature of employer's authorized representative		Title	Date signed (mm-dd-yyyy)	