

## Application for Purchase of Refunded Service to Reciprocate (Form 8BR)

**03-8BR** rev. 05/21

| HOW TO<br>SUBMIT: | DROP OFF or MAIL IN                                     | EMAIL               | FAX            |
|-------------------|---|---------------------|----------------|
|                   | 8401 United Plaza Blvd, Ste 300<br>Baton Rouge LA 70809 | web.master@trsl.org | (225) 925-6366 |

**Print in ink or type all entries except signatures.** Submit application to TRSL at least six months in advance of applying for retirement or DROP. All refunded service must be restored in order to reciprocate. Incomplete forms will be returned to the applicant.

| <b>Section 1</b> — Member information   | n                                       |                   |                                      |               |  |  |
|---|---|-------------------|--------------------------------------|---------------|--|--|
| Name: Last, first, MI, suffix (Jr., III, etc.)  |   | Social Security   | Social Security number (###-#####)   |               |  |  |
| Street address / PO box   |   | City, state, zip  |                                      |               |  |  |
| Daytime telephone (include area code)   |   | Email address     |                                      |               |  |  |
| Name(s) under which service was rendered (if different from above)                                    |   | Date of birth (n  | Date of birth (mm/dd/yyyy)           |               |  |  |
| <b>Section 2</b> — Service information  |   |                   |                                      |               |  |  |
| Period of time refunded   |   |                   | Approximate date of refund (mm/yyyy) |               |  |  |
| From ( <i>mmlyyyy</i> )   | From (mm/yyyy) To (mm/yyyy)             |                   |                                      |               |  |  |
| Please indicate the position(s) you previously held during the above-referenced period of employment: |   |                   |                                      |               |  |  |
| Position  | Time employed (approximate mo           | onths/years okay) | Employer name                        | TRSL use only |  |  |
| Teacher, professor, instructor  |   |                   |                                      |               |  |  |
| Custodian, school bus driver  |   |                   |                                      |               |  |  |
| School food service   |   |                   |                                      |               |  |  |
| Other:  |   |                   |                                      |               |  |  |
| Name of Louisiana retirement system to wh   | nich applicant is currently contributin | g                 |                                      |               |  |  |
| Applicant signature (DO NOT PRINT OR TYPE)  |   |                   | Date (mm/dd/yyyy)                    |               |  |  |
| <b>&gt;</b>   |   |                   |                                      |               |  |  |

The member should contact the retirement system to which he or she is *currently* contributing for information regarding the transfer or reciprocity of this period of employment.