



Teachers' Retirement System of Louisiana
 8401 United Plaza Boulevard, Ste 300 • Baton Rouge, LA 70809-7017
 P.O. Box 94123 • Baton Rouge, LA 70804-9123
 Telephone: (225) 925-6446 • Fax: (225) 922-2522
 Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)
 www.TRSL.org • web.master@trsl.org

Form 9D (08/02)

03-9D

Application for Purchase of Refunded Service

Print in ink or type all entries except signatures. **Application should be received by the Teachers' Retirement System of Louisiana (TRSL) at least six months in advance of applying for retirement or DROP.** Complete this form in its entirety to allow a thorough microfilm search for refunded records to be made. The time frame for which service is to be purchased must be provided so that the employer can certify employment. TRSL will request certification from each employer.

DO NOT use this form if you are now a member of another Louisiana public retirement system. Use Form 8BR or 8BT.

Incomplete forms are not acceptable for evaluation by TRSL and will be returned directly to the applicant.

Member information															
Name: Last, first, MI, suffix (Jr., III, etc.)			Social Security number <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>												
Street / P.O. Box															
City, state, zip			Date of birth _____ / _____ / _____ mm-dd-yyyy												
Daytime telephone ()	Evening telephone ()	E-mail address													

Refund information

Name(s) under which service was rendered if different from above: _____

Period of time refunded (approximate dates are acceptable):

From	To	Approximate date of refund
_____ / _____	_____ / _____	_____ / _____
mm-yyyy	mm-yyyy	mm-yyyy

Please indicate the position(s) you previously held during the above-referenced period of employment:

- Teacher, professor, instructor
 Custodian, school bus driver
 School food service
 Other _____

Years employed	Employer	For TRSL use only
From _____ To _____	_____	_____
From _____ To _____	_____	_____
yyyy		yyyy

Invoice information

Indicate which type of invoice(s) you want to receive. **PLEASE LIMIT TO THREE INVOICES.** If left blank, TRSL will send one invoice for the entire refunded period.

- Invoice for purchasing **ALL** refunded service credit
 Invoice for purchasing a **PORTION** of the refunded service credit: _____ years (approximately)
 Invoice for purchasing service credit that will cost approximately \$ _____
 (**DO NOT** include check with application.)
 Invoice for purchasing service credit needed to give the approximate number of years checked below at the end of the fiscal year:
 5 years 10 years 20 years 25 years 30 years
 Other: _____

I hereby authorize the release of all information necessary to verify service to be purchased with Teachers' Retirement System of Louisiana (TRSL).

Applicant's signature (Do not print or type) <input type="checkbox"/>	Date signed (mm-dd-yyyy)
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Please allow a minimum of six weeks to receive invoice(s).