



**Teachers' Retirement System of Louisiana**  
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017  
 PO Box 94123 • Baton Rouge, LA 70804-9123  
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Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)  
 www.TRSL.org • web.master@trsl.org

Form 12 (08/18)

<b>TRSL use only</b>
Employer number
Date of receipt
Approved by:

Approved by Processing	
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**Application for Disability Retirement**

**Print or type all entries below, except signatures.** Please read this application carefully before signing.

It is the applicant's responsibility to ensure that this application and all other required documents are submitted to the Teachers' Retirement System of Louisiana (TRSL). State law sets forth timelines for review of applications for disability retirement. As a result, members are encouraged to submit all documents required (including Form 12A, 12B, 12C or 12C-P, and all medical records) for the State Medical Disability Board (SMDB) physician's review with this application, but must submit required documents no later than thirty (30) days from the filing of this application.

Once approved for TRSL disability retirement benefits by the SMDB, TRSL-covered employment must cease immediately unless exhausting sick or annual leave. The effective date of your disability retirement is the date TRSL receives your disability application or the day after your termination from employment, whichever is later. If you are employed when your disability application is approved, employment cannot extend beyond the approval date, unless you are exhausting sick or annual leave. Retirees receiving a TRSL disability benefit cannot return to work in the field of public or private education. Those who do so will have their disability benefit terminated as required by LSA-R.S. 11:780.1.

*NOTE: This Application for Disability Retirement may serve as a service retirement application if it is not approved and you meet regular retirement eligibility requirements.*

**Section 1 — Member information**

Name: Last, first, MI, suffix (Jr., III, etc.)		Your 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 Your estimated benefits will not be processed until we receive a copy of your card.											
Daytime telephone (      )	Evening telephone (      )	Your date of birth - Attach proof of birthdate											
E-mail address	Job title <input type="checkbox"/> Professional <input type="checkbox"/> Support	_____ / _____ / _____ mm-dd-yyyy											
Check one: <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced* <input type="checkbox"/> Re-married <input type="checkbox"/> Legally separated* <input type="checkbox"/> Widowed* (*Attach documents)		Spouse's Social Security number											
Spouse's name: Last, first, MI, suffix (Jr., III, etc.)		<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>											
Member's present full-time employer		Attach copy of card Spouse's date of birth - Attach proof of birthdate											
Member's present part-time employer		_____ / _____ / _____ mm-dd-yyyy											

**Section 2 — Workers' Compensation information**

Are you now receiving or have you ever received Workers' Compensation while a member of TRSL?  Yes  No  
 If the answer to this question is yes, please provide the information requested below.

Name of payer		Amount of benefit				
Street / P.O. Box		<table border="1"> <tr> <td>\$</td><td></td><td></td> </tr> </table>		\$		
\$						
City, state, zip		<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly				
Daytime telephone (      )		Settlement amount				
Evening telephone (      )		<table border="1"> <tr> <td>\$</td><td></td><td></td> </tr> </table>		\$		
\$						
		Attach proof Settlement date _____ / _____ / _____ mm-dd-yyyy				

**Section 3 — Applicant and witnesses signatures (witnesses may not be named beneficiaries)**

I understand that I should receive an acknowledgement letter by mail within approximately one (1) week of TRSL's receipt of my application. If I do not receive this acknowledgement letter, I will contact TRSL. I agree to submit all medical information relevant to my application for disability retirement and copies of my relevant personnel records, if required by the SMDB. Furthermore, I understand that upon notice of the approval of my disability retirement application, I must terminate employment immediately, unless I am exhausting leave, pursuant to LSA.R.S. 11:218(E). (Witness signatures are only required if applicant is unable to sign.)

Applicant's signature (Do not print or type)	Date signed (mm-dd-yyyy)
Signature of witness (Do not print or type)	Signature of witness (Do not print or type)

**Complete reverse side**

Your Social Security number

Grid for Social Security number

Section 4 — Minor and other eligible children

Regular and Plan A members must complete the following information on all minor or other eligible children. Attach a Student Attendance Certification (Form 13C) for each unmarried full-time student between the ages of 21 and 23. Attach physician's detailed diagnosis of the child's disabling condition if the benefit is to be paid because of a child with a disability. Any unmarried minor child/student benefit added to your monthly benefit will be removed when the minor child/student is no longer eligible (age 21-23 if student). Exception: Unmarried minor child who has been diagnosed by the State Medical Disability Board (SMDB) as totally and permanently disabled. Attach a copy of each child's birth certificate.

Five rows (A-E) for child information: Name, Date of birth, Is child permanently disabled?, Social Security number, Attach copy of card.

Section 5 — Beneficiary information

This section is applicable to all Plan B members. It is also applicable to all Regular Plan and Plan A members who are eligible for service retirement. You may designate one or more beneficiary(ies). While one beneficiary may be designated for any option, Option 1 is the only option under which you may designate more than one beneficiary. If you plan to select Option 1 and you name more than one beneficiary, each will share equally in any payment unless you specify otherwise. In the event of your death within 30 days from the effective date of your disability retirement, the beneficiary listed on your active member record will apply only if no survivor benefits are payable. After 30 days of the effective date of your disability retirement, the beneficiary on your retirement application will apply. If a Regular Plan or Plan A retirees receiving a TRSL disability benefit dies leaving a minor child(ren), that minor child(ren) will continue to receive a minor child benefit, equal to 50% of the disability benefit for as long as the child(ren) remains eligible. The Teachers' Retirement System of Louisiana will provide you with the dollar amount under all retirement options in order for you to make an informed decision.

Beneficiary information form: Name, Street / P.O. Box, City, state, zip, Social Security number, Attach copy of card, Date of birth - Attach proof of birthdate, Relationship options (Spouse, Child, Parent, Sibling, Other).

Section 6 — Option information

You may designate a specific monthly survivor benefit for your beneficiary. You must specify a monthly amount at right in order to be provided with calculated amounts under Options 4 and 4A on your Affidavit of Retirement Option Election.

Option 4 and 4A Monthly survivor benefit \$ [ ] 00