



Enrollment Application/Enrollment Notification (Form 2)

00-2

rev. 07/25

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	web.master@trsl.org	(225) 925-4779

If unable to enroll online, please print in ink or type all entries except signatures. For assistance on TRSL eligibility requirements, please refer to Index 2.0 of the Employer Procedures Manual.

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

Name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number (Attach copy of card)
Street address / PO box	City, state, zip	Date of birth (mm/dd/yyyy)
Daytime telephone (include area code)	Alternate telephone (include area code)	Primary email address
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what type of visa do you possess?		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Section 2 — Previous employment (to be completed by applicant)

Have you ever contributed to a Louisiana public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of system _____
Did you withdraw your contributions when you left previous employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please indicate the position(s) you previously held:		
Position	Years employed	Employer
<input type="checkbox"/> Teacher, professor, instructor	From _____ to _____	_____
<input type="checkbox"/> Custodian, school bus driver	From _____ to _____	_____
<input type="checkbox"/> School food service worker	From _____ to _____	_____
Applicant's signature (DO NOT PRINT OR TYPE)		Date signed (mm/dd/yyyy)

Section 3 — Employer information (to be completed by employer)

Name of employer		TRSL agency number (####)
Name of school		Title of position
Employment status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unclassified (if applicable) Full-time equals _____ hours per day.		Date of employment (mm/dd/yyyy)
Annual full-time earnings \$ _____ This employee will work _____ hours per week		
Applicant is being enrolled in:	Basis of employment:	
<input type="checkbox"/> Regular Plan <input type="checkbox"/> Plan B	<input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 11 months <input type="checkbox"/> 12 months	
<input type="checkbox"/> I hereby certify that I have/the employing agency has verified this member's eligibility for employment through the Federal Form I-9/E-Verify process.		

Check the appropriate box for each statement below:

<input type="checkbox"/> YES <input type="checkbox"/> NO	The applicant's first employment (making him/her eligible for membership in a Louisiana public retirement system) began on or after January 1, 2013.
<input type="checkbox"/> YES <input type="checkbox"/> NO	The applicant was employed in a position eligible for membership in a Louisiana public retirement system prior to January 1, 2013, but he/she terminated service prior to January 1, 2013. Through re-employment on or after January 1, 2013, the applicant is again eligible for membership in a Louisiana public retirement system.
<input type="checkbox"/> YES <input type="checkbox"/> NO	The applicant assumed an elective office on or after January 1, 2013, and by virtue of that service or previous public service, he/she is eligible for membership in a Louisiana public retirement system.

**** If the answer to any question in Section 3 is YES, you must complete Section 4 (Forfeiture of benefits) below. ****

Section 4 — Forfeiture of benefits / Employee attestation (to be completed by employer) - Check the appropriate boxes below.

<input type="checkbox"/> YES, employee has signed Form 2FRB	I hereby certify that this employee has received and executed TRSL's <i>Forfeiture of Retirement Benefits - Attestation of Understanding</i> (Form 2FRB), and that this form will be permanently maintained in the personnel records of this employer.	
<input type="checkbox"/> NO, employee has not yet signed Form 2FRB	State law requires that this employee receive and execute TRSL's <i>Forfeiture of Retirement Benefits - Attestation of Understanding</i> (Form 2FRB). La. R.S.-11:293 (The enrollment of this employee cannot be completed until Form 2FRB is properly executed in compliance with state law.)	
Signature of employer's authorized representative (DO NOT PRINT OR TYPE)		Date signed (mm/dd/yyyy)
Name of authorized representative (Print or type)		Title