



Certification of Membership in State System (Form 2C)

00-2C
rev. 02/21

IMPORTANT: Complete the entire form. Sections 1 and 2 must be completed by the member. Section 3 must be completed and certified by the member's previous state retirement system. Information on this form will be used to determine the provisions by which the member's TRSL retirement benefits will be administered. This form will not be used to initiate a transfer or reciprocal recognition of service with any other retirement systems to combine any other service you may have with your TRSL service.

If you are interested in combining all of your service into TRSL, please complete **Form 8** to establish a reciprocal recognition agreement or **Form 8A** for an actuarial transfer of service credit. These forms are available on our website at www.TRSL.org.

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

Name: Last, first, MI, suffix (Jr., III, etc.)	Today's date (mm/dd/yyyy)
Street address / PO box	Social Security number (###-##-####)
City, state, zip	Date of birth (mm/dd/yyyy)
Daytime telephone (include area code)	Email address
Current employer	

Section 2 — Prior retirement system membership (to be completed by applicant)

If you were a member of one of the state systems listed below *prior to January 1, 2011*, **OR** *between January 1, 2011 and June 30, 2015*, select the system in which you were a member, provide additional information to assist the other system in identifying your records, and mail this form to the system selected.

<input type="checkbox"/> Teachers' Retirement System of Louisiana PO Box 94123, Baton Rouge LA 70804-9123	Position held	Approximate membership dates	Name (if different than Section 1)
<input type="checkbox"/> Louisiana State Employees' Retirement System PO Box 44213, Baton Rouge LA 70804-4213	Position held	Approximate membership dates	Name (if different than Section 1)
<input type="checkbox"/> Louisiana School Employees' Retirement System PO Box 44516, Baton Rouge LA 70804-4516	Position held	Approximate membership dates	Name (if different than Section 1)
<input type="checkbox"/> Louisiana State Police Retirement System 9224 Jefferson Hwy, Baton Rouge LA 70809	Position held	Approximate membership dates	Name (if different than Section 1)

Applicant's signature of (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
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Section 3 Certification of prior state service (must be completed by the state system)

I certify that this employee was a member of the following state system during the time period selected below:

SELECT ONE: **prior to January 1, 2011** **between January 1, 2011 & June 30, 2015** **after June 30, 2015**

Name of retirement system	Enrollment begin date(s)
Name of authorized representative	Enrollment end date(s)
Title	Daytime telephone (include area code)
Signature of authorized representative (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)

RETIREMENT SYSTEM: Please send this form to TRSL after certifying.