



Application for Return-to-Work (RTW) Supplement (Form 11RTW)

06-11RTW
rev. 10/25

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

TRSL USE ONLY	
Date received	Employer number
Approved by:	

Print in blue or black ink or type all entries except signatures. Complete Sections 1–5 of this form. If you are continuing employment after returning to work, you do not need to complete this form until you are ready to terminate employment. Your application may be canceled prior to receiving your first RTW Supplemental Benefit. Contact TRSL immediately if you intend to cancel your application.

Section 1 - Member information

Name: Last, first, MI, suffix (jr., III, etc.)	Social Security number (###-##-####)
Address: Street / PO box	City, state, zip
Daytime telephone (include area code)	Email address
Name of current or last employer	Job title

Section 2 - Employment termination

Last day of work (mm/dd/yyyy) _____ Your supplemental benefit will be effective 90 days after this date.

Section 3 - Direct deposit

DIRECT DEPOSIT (If TRSL doesn't receive a new Form 15D before your benefit resumes, your previous bank information will be used.)

Use Form 15D already on file with TRSL I will submit a *NEW* Form 15D

Section 4 - Federal tax information

TAX WITHHOLDING (If TRSL doesn't receive a new Form W-4P before your benefit resumes, the most recent tax withholding on file with TRSL will be used. If you would like to update your withholding, please complete a new Form W-4P, which is available at www.trsl.org, and submit it to us.)

Use Form W-4P already on file with TRSL I will submit a *NEW* Form W-4P

Section 5 - Member signature

I hereby make application for retirement in accordance with Louisiana laws. I have carefully read the instructions and made the appropriate date of termination designation in Section 2. I understand that I should receive an acknowledgment letter by mail approximately two weeks after the date TRSL receives my application. If I do not receive an acknowledgment letter, I will contact TRSL.

Member's signature (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
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