



# Termination of Employment at End of DROP Participation/Employment (Form 11H)

**05-11H**  
rev. 2/25

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

**SAVE TIME!** Apply online through Member Access at *www.TRSL.org*. Select "Apply for retirement" under the "My Retirement" tab.

**Print in ink or type all entries except signatures.** Complete Sections 1-4 of this form if you are ready to terminate employment and retire (either during or after DROP participation). If you continue employment after DROP, you will be automatically re-enrolled in TRSL. Your retirement may be canceled prior to negotiating any benefit check, including estimated benefit payments. An acknowledgment letter will be sent within two weeks from the receipt of your application. If you do not receive an acknowledgment letter, contact TRSL.

### Section 1 - Member information

Name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number (###-##-####)	
Street/PO box		City, state, zip	
Daytime telephone (include area code)	Email address		
Name of current or last employer		Job title	
Have you changed employers during DROP participation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Months of employment contract: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	

### Section 2 - Effective date of retirement

The date you select here will be the date you wish your retirement to begin. This date will normally be the day following your last day of DROP participation; the day following your last day of employment after DROP participation; or the last day of leave, whichever is later.	Retirement date (mm/dd/yyyy)	For TRSL use only <input type="text"/>
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### Section 3 - Necessary documents

I have completed Form 15D (*Direct Deposit of Benefits*) and will submit it to TRSL.

I have completed IRS Form W-4P (*Withholding Certificate for Periodic Pension or Annuity Payments*), which can be accessed online at *www.TRSL.org*, and will submit it to TRSL.

### Section 4 - Member signature

I hereby certify that I plan to begin my retirement on the date specified in Section 2 above. Upon retirement, I will begin receiving a monthly retirement benefit based upon the retirement option selected at the time I entered the DROP program. The monthly benefit may be adjusted by an additional amount based on my accumulated unused leave that is available for conversion to retirement credit and any additional service credit earned after the end of DROP participation. I understand that Internal Revenue Code Section 401(a)(9) requires that I begin withdrawing my DROP account funds upon termination of employment. I understand that I should receive an acknowledgment letter by mail approximately two weeks from 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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