Application for Purchase of Refunded Service to Reciprocate (Form 8BR)

TRSL Teachers' Retirement System of Louisiana

03-8BR
rev. 05/21

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) 925-6366

Print in ink or type all entries except signatures. Submit application to TRSL at least six months in advance of applying for retirement or DROP. All refunded service must be restored in order to reciprocate. Incomplete forms will be returned to the applicant.

Section 1 — Member information

Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####)
Street address / PO box	City, state, zip
Daytime telephone (*include area code*)	Email address
Name(s) under which service was rendered (if different from above)	Date of birth (*mm/dd/yyyy*)

Section 2 — Service information

Period of time refunded From (*mm/yyyy*) To (*mm/yyyy*)	Approximate date of refund (*mm/yyyy*)

Please indicate the position(s) you previously held during the above-referenced period of employment:

Position	Time employed (*approximate months/years okay*)	Employer name	TRSL use only
☐ Teacher, professor, instructor			
☐ Custodian, school bus driver			
☐ School food service			
☐ Other: _____			

Name of Louisiana retirement system to which applicant is currently contributing

Applicant signature (*DO NOT PRINT OR TYPE*) ▶	Date (*mm/dd/yyyy*)

The member should contact the retirement system to which he or she is *currently* contributing for information regarding the transfer or reciprocity of this period of employment.