



# Opting Out of TRSL Membership (Form 17)

**EMPLOYER USE ONLY**

TRSL agency number (####)

**00-17**

rev. 07/25

**HOW TO  
SUBMIT:****DROP OFF or MAIL IN**8401 United Plaza Blvd, Ste 300  
Baton Rouge LA 70809**EMAIL**

web.master@trsl.org

**FAX**

(225) 925-4779

Print in ink or type all entries except signatures. Incomplete forms will be returned. This is a form to be used by first-time, TRSL-eligible employees to opt out of membership in the TRSL defined benefit plan. In order to opt out of TRSL membership, you must meet one of the requirements detailed in Section 2.

**PLEASE NOTE: Once you have read the form and completed Sections 1-3, please submit the form to your Human Resources office.**

Employers should keep the original form in the employee's personnel record and submit a copy to TRSL.

**Section 1 — Personal information (to be completed by applicant)**

Name: Last, first, MI, suffix (Jr., III, etc.)

Social Security number (xxx-xx-xxxx)

**Section 2 — Please choose the option that makes you eligible to opt out of TRSL membership**

- ☐ This is my first employment in a TRSL-covered position, and I am age 60 or older.
- ☐ This is my first employment in a TRSL-covered position, and I am age 55 or older with 40 quarters in Social Security. I will submit a copy of the *Social Security Administration Form SSA-7005-Earnings and Benefit Statement* to my Human Resources Department, certifying that I have the required 40 quarters of coverage needed for optional TRSL membership.

**Section 3 — Applicant's signature**

*I certify that I am opting out of membership in the Teachers' Retirement System of Louisiana (TRSL), and that I am eligible to do so. I understand that I will not make contributions to TRSL's defined benefit plan, earn service credit or receive a retirement benefit from this retirement system.*

Applicant's signature (DO NOT TYPE OR PRINT)



Date signed (mm/dd/yyyy)

**Section 4 — Employer certification (to be completed by employer)**

- ☐ I hereby certify that I have verified the employee's age and, if applicable, have received a copy of the employee's Social Security Administration Form SSA-7005-Earnings and Benefit Statement. I further certify that any applicable SSA-7005-Earnings and Benefit Statement will be permanently maintained in the employer's records.
- ☐ I certify that I have verified in TRSL's Employer/Member Information Site (EMIS) that the employee has no enrollment history with TRSL.

Signature of employer's authorized representative (DO NOT TYPE OR PRINT)



Date signed (mm/dd/yyyy)

Name of authorized representative (Print or type)

Title/position