

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) 925-4779

If unable to enroll online, please print in ink or type all entries except signatures. For assistance on TRSL eligibility requirements, please refer to Index 2.0 of the Employer Procedures Manual.

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

Name: Last, first, MI, suffix (Jr., III, etc.) \_\_\_\_\_ Social Security number (Attach copy of card) \_\_\_\_\_

Street address / PO box \_\_\_\_\_ City, state, zip \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

Daytime telephone (include area code) \_\_\_\_\_ Alternate telephone (include area code) \_\_\_\_\_ Primary email address \_\_\_\_\_

Are you a U.S. citizen?  Yes  No If not, what type of visa do you possess? \_\_\_\_\_ Sex:  Male  Female

**Section 2 — Previous employment (to be completed by applicant)**

Have you ever contributed to a Louisiana public retirement system?  Yes  No Name of system \_\_\_\_\_

Did you withdraw your contributions when you left previous employment?  Yes  No

Please indicate the position(s) you previously held:

Position	Years employed	Employer
<input type="checkbox"/> Teacher, professor, instructor	From _____ to _____	_____
<input type="checkbox"/> Custodian, school bus driver	From _____ to _____	_____
<input type="checkbox"/> School food service worker	From _____ to _____	_____

If you withdrew retirement contributions before 1978, provide TRSL membership number if known: \_\_\_\_\_

**If you contributed to another Louisiana public retirement system and 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](http://www.TRSL.org).**

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

**Section 3 — Employer information (to be completed by employer)**

Name of employer \_\_\_\_\_ TRSL agency number (####) \_\_\_\_\_

Name of school \_\_\_\_\_ Title of position \_\_\_\_\_

Employment status:  Full time  Part time  Unclassified (if applicable) Full-time equals \_\_\_\_\_ hours per day. Date of employment (mm/dd/yyyy) \_\_\_\_\_

Annual full-time earnings \$ \_\_\_\_\_ This employee will work \_\_\_\_\_ hours per week

**Applicant is being enrolled in:**  Regular Plan  Plan B

**Basis of employment:**  9 months  10 months  11 months  12 months

**Check the appropriate box for each statement below:**

YES  NO The applicant's first employment (making him/her eligible for membership in a Louisiana public retirement system) began on or after January 1, 2013.

YES  NO The applicant was employed in a position eligible for membership in a Louisiana public retirement system prior to January 1, 2013, but he/she terminated service prior to January 1, 2013. Through re-employment on or after January 1, 2013, the applicant is again eligible for membership in a Louisiana public retirement system.

YES  NO The applicant assumed an elective office on or after January 1, 2013, and by virtue of that service or previous public service, he/she is eligible for membership in a Louisiana public retirement system.

**\*\* If the answer to any question in Section 3 is YES, you must complete Section 4 (Forfeiture of benefits) below. \*\***

**Section 4 — Forfeiture of benefits / Employee attestation (to be completed by employer) - Check the appropriate box below.**

YES, employee has signed Form 2FRB I hereby certify that this employee has received and executed TRSL's *Forfeiture of Retirement Benefits - Attestation of Understanding* (Form 2FRB), and that this form will be permanently maintained in the personnel records of this employer.

NO, employee has not yet signed Form 2FRB State law requires that this employee receive and execute TRSL's *Forfeiture of Retirement Benefits - Attestation of Understanding* (Form 2FRB). La. R.S.-11:293 (The enrollment of this employee cannot be completed until Form 2FRB is properly executed in compliance with state law.)

Signature of employer's authorized representative (DO NOT PRINT OR TYPE) \_\_\_\_\_ Date signed (mm/dd/yyyy) \_\_\_\_\_

Name of authorized representative (Print or type) \_\_\_\_\_ Title \_\_\_\_\_