

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what type of visa do you possess? _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> 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.

Applicant's signature (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
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Section 3 — Employer information (to be completed by employer)

Name of employer	TRSL agency number (####)
Name of school	Title of position
Employment status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> 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:	Basis of employment:
<input type="checkbox"/> Regular Plan <input type="checkbox"/> Plan B	<input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 11 months <input type="checkbox"/> 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.

<input type="checkbox"/> YES, employee has signed Form 2FRB	I hereby certify that this employee has received and executed TRSL's <i>Forfeiture of Retirement Benefits - Attestation of Understanding</i> (Form 2FRB), and that this form will be permanently maintained in the personnel records of this employer.
<input type="checkbox"/> NO, employee has not yet signed Form 2FRB	State law requires that this employee receive and execute TRSL's <i>Forfeiture of Retirement Benefits - Attestation of Understanding</i> (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