

HOW TO SUBMIT:	EMAIL	FAX
	web.master@trsl.org	(225) 925-4779

Print in ink or type all entries except for signatures. This form should be used to make corrections to prior-year earnings and contributions that have been reported incorrectly. Corrections that increase contributions will be charged in the following manner:

- Corrections for periods of **up to three years** after the Monthly Salary and Contributions report was due will be charged for the member and employer contributions plus interest calculated at the judicial rate of interest.
- Corrections for periods **more than three years** after the Monthly Salary and Contributions report was due are considered a purchase of service credit under LSA R.S. 11:888(C)(2). These purchases are computed by TRSL's actuary using the greater of the actuarial cost or member and employer contributions plus interest at TRSL's assumed actuarial valuation rate. (Actuarial fee is required.)

Overpayments of contributions will be credited and may be used to offset current charges.

Section 1 — Member information

Name: Last, first, MI, suffix (Jr., III, etc.) _____ Social Security number (###-##-####) _____

Section 2 — Employer information

Employer name: _____ TRSL employer ID (####) _____

Section 3 — Yearly corrections (prior-year corrections only)

Fiscal year _____ to _____	Previously reported	Corrected
Earnings (including PIP, if applicable) - Sheltered	\$	\$
Earnings (including PIP, if applicable) - Unsheltered	\$	\$
Contributions - Sheltered	\$	\$
Contributions - Unsheltered	\$	\$

Full-Time earnings: _____

Reason for this correction: _____

Fiscal year _____ to _____	Previously reported	Corrected
Earnings (including PIP, if applicable) - Sheltered	\$	\$
Earnings (including PIP, if applicable) - Unsheltered	\$	\$
Contributions - Sheltered	\$	\$
Contributions - Unsheltered	\$	\$

Full-Time earnings: _____

Reason for this correction: _____

Fiscal year _____ to _____	Previously reported	Corrected
Earnings (including PIP, if applicable) - Sheltered	\$	\$
Earnings (including PIP, if applicable) - Unsheltered	\$	\$
Contributions - Sheltered	\$	\$
Contributions - Unsheltered	\$	\$

Full-Time earnings: _____

Reason for this correction: _____

Section 4 — Agency certification

This section must be completed by the employer and signed by the employer's representative whose authorized signature is on file at TRSL. For corrections greater than three years old, a nonrefundable fee may be required. TRSL will contact your agency if fee is required.

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