



Agency Certification (Form 11B)

For employer use only

06-11B
rev. 12/20

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
		8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	web.master@trsl.org

INSTRUCTIONS: Submit this form for a TRSL member who either (1) enters DROP, (2) retires, or (3) dies. The most recent employer(s) should certify this information only after the last day for which the member will receive pay. Certification for members electing to participate in DROP should be submitted only after the beginning date of DROP participation.

A second certification is required when the DROP participant ultimately terminates employment, which is referred to as DROP Out. Date of termination should be the last day of work or last day of leave. Salary information should reflect actual earnings and contributions for the current fiscal year through the date of termination or the day before DROP participation, if applicable. Certification of regular earnings should be for dates earned during the current fiscal year and must agree with the Contributions Reports submitted by the employer payroll department. The monthly Contributions Reports are the official reports of member earnings as provided by LSA-R.S. 11:888.

Section 1: Member information

Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####)
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Employer	Type of benefit: <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Entering DROP <input type="checkbox"/> Retiring after DROP <input type="checkbox"/> Service/ILSB Retirement <input type="checkbox"/> RTW Supplement
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Section 2: Current year information (July 1 - June 30) — Complete for all retirements, DROP, and deaths

Date of termination (see instructions above)	_____ / _____ / _____ <i>mm/dd/yyyy</i>
Full-time earnings — earnings the member would have earned working the full year at 100% effort plus any additional pay received. Refer to the Employer Procedures Manual, Index 4.1, for more information. Do not include rollover earnings in the full-time earnings.	Full-time earnings \$ _____
Rollover earnings earned in June (prior year), paid in July — amount of salary that is earned in June that would normally be paid in July.	Full-time earnings \$ _____
Percent of effort (if part-time) — percent of time the part-time member works, for example, the member works 4 hours out of an 8-hour day, 5 days a week, for 180 days a year, the percent effort would be 50%.	Percent effort _____ %
Comment	

Section 3: Retiring after DROP

Fiscal year — last fiscal year the member participated in DROP and paid no retirement contributions.	Fiscal year _____
Actual earnings — earnings (including PIP earnings) the DROP participant earned during the last <i>full</i> fiscal year of DROP that are not reported on the account history. This information is needed to test 10% cap for members who worked at least 36 months after DROP.	Actual earnings \$ _____
Full time earnings — earnings the DROP participant would have earned working the full year at 100% effort.	Full-time earnings \$ _____

Section 4: Signature

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief in accordance with my agency's records.

Employer signature 	Date signed (mm/dd/yyyy)
Title	