

Application for Return-to-Work (RTW) Supplement

06-11RTW

(Form 11RTW)

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX		TRSL USE ONLY Date received Employer number	
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	web.master@trsl.org	(225) 925-6366		Date received	Employer number
					Approved by:	

Print in blue or black ink or type all entries except signatures. Complete Sections 1–5 of this form. If you are continuing employment after returning to work, you do not need to complete this form until you are ready to terminate employment. Your application may be canceled prior to receiving your first RTW Supplemental Benefit. Contact TRSL immediately if you intend to cancel your application.

Section 1 - Member information	
Name: Last, first, MI, suffix (jr., III, etc.)	Social Security number (###-##-####)
Address: Street / PO box	City, state, zip
Daytime telephone (<i>include area code</i>)	Email address
Marital status	Has your marital status changed since returning to work?
Single Married Divorced Re-married Legally separated	Widowed Yes No
Name of current or last employer	Job title
Section 2 - Employment termination	
Last day of work (<i>mm/dd/yyyy</i>)	Your supplemental benefit will be effective 90 days after this date.
Section 3 - Direct deposit	
DIRECT DEPOSIT (If TRSL doesn't receive a new Form 15D before you Use Form 15D already on file with TRSL I will	our benefit resumes, your previous bank information will be used.) submit a <i>NEW</i> Form 15D
Section 4 - Federal tax information	
Section 5 - Member signature	
termination designation in Section 2. I understand that I sho receives my application. If I do not receive an acknowledge	Louisiana laws. I have carefully read the instructions and made the appropriate date of uld receive an acknowledgment letter by mail approximately two weeks after the date TRSL ent letter, I will contact TRSL.
Member's signature (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)