



Application for Return-to-Work (RTW) Supplement (Form 11RTW)

06-11RTW
rev. 07/20

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

TRSL USE ONLY	
Date received	Employer number
Approved by:	

Print in blue or black ink or type all entries except signatures. Complete Sections 1–4 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		<input type="text"/>	
City, state, zip			
Daytime telephone (include area code)		Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Re-married <input type="checkbox"/> Legally separated <input type="checkbox"/> Widowed	
Email address		Has your marital status changed since returning to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of current or last employer		Job title	

Section 2 - Employment termination

Last day of work (mm/dd/yyyy)	Your supplemental benefit will be effective 90 days after this date or 90 days after this application is received, whichever is later
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Section 3 - Direct deposit and federal tax information

DIRECT DEPOSIT (If TRSL doesn't receive a new Form 15D before your benefit resumes, your previous bank information will be used.)

Use Form 15D already on file with TRSL I will submit a *NEW* Form 15D

Tax withholding (OPTIONAL)

Your benefit will resume using the most recent tax withholding on file with TRSL. If you would like to update your withholding, please complete a new Form W-4P below:

The amount of withholding on your monthly retirement benefit is dependent on the number of allowances claimed. This section must be completed to inform TRSL of your tax filing status. You can choose not to have income tax withholdings deducted from your monthly retirement benefit. If you do not complete this section, TRSL must withhold federal income tax according to a filing status of married with three exemptions. This could result in your not having enough tax withheld. If withholding and tax payments are not sufficient, you may incur penalties under IRS regulations. **Complete the following applicable lines:**

Withholding certificate for pension or annuity payments (Form W-4P):

1. I elect not to have tax withheld from my pension or annuity. **Does not apply to foreign check address.** (If you check this box, do not complete lines 2 or 3.)

2. I want my withholding from each periodic pension or annuity payment to be calculated using the number of allowances and marital status shown. (You can also designate an additional dollar amount on Line 3.)

Marital status: Single Married Married, but withhold at higher single rate Enter number of allowances

3. I want the following additional dollar amount withheld from each pension or annuity payment: (*NOTE: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on Line 2.*) \$ Enter amount

Section 4 - Member signature

I hereby make application for retirement in accordance with Louisiana laws. I have carefully read the instructions and made the appropriate date of termination designation in Section 2. I understand that I should receive an acknowledgment letter by mail approximately two weeks after the date TRSL receives my application. If I do not receive an acknowledgment letter, I will contact TRSL.

Member's signature (Do not print or type)	Date signed (mm/dd/yyyy)
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