



Application for Reciprocal Recognition of Service (Form 8)

03-8
rev. 05/21

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	<i>web.master@trsl.org</i>	(225) 925-6366

Print in ink or type all entries except signatures. Submit application to TRSL at least six months in advance of applying for retirement or DROP. Incomplete or improperly certified forms will be returned to the applicant.

Section 1 — Member information *(to be completed by applicant)*

Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####)
Street address / PO box	City, state, zip
Daytime telephone <i>(include area code)</i>	Email address
Reciprocating retirement system(s) in which you currently hold creditable service:	

I am a current member with at least six months of service credit in TRSL, and I request a reciprocal recognition of my creditable service currently held in TRSL and the retirement system(s) named below under the provisions of LSA-R.S. 11:142 and under the rules and regulations adopted by those retirement systems.

Applicant signature <i>(DO NOT PRINT OR TYPE)</i>	Date <i>(mm/dd/yyyy)</i>
▶	

Section 2 — System information *(to be completed by retirement system(s) official(s))*

Reciprocal recognition of power approved by:

Name of retirement system	
Name of approving authority	Title
Authorized signature <i>(DO NOT PRINT OR TYPE)</i>	Date <i>(mm/dd/yyyy)</i>
▶	
Name of retirement system	
Name of approving authority	Title
Authorized signature <i>(DO NOT PRINT OR TYPE)</i>	Date <i>(mm/dd/yyyy)</i>
▶	
Name of retirement system	
Name of approving authority	Title
Authorized signature <i>(DO NOT PRINT OR TYPE)</i>	Date <i>(mm/dd/yyyy)</i>
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