



Enrollment Application/Employment Notification

Print in ink or type all entries except signatures. This form is designed for multipurpose use and for automated data entry by the Teachers' Retirement System of Louisiana (TRSL).

Section 1 — To be completed by applicant

Name: Last, first, MI, suffix (Jr., III, etc.) _____			Social Security number											
Street / P.O. Box _____		City, state, zip _____	<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											
<i>Attach copy of card</i>														
Daytime telephone () _____	Evening telephone () _____	Email address _____		Date of birth ____ / ____ / ____ <small>mm-dd-yyyy</small>										
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what type of visa do you possess? _____				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female										

Previous employment and membership information

1. Have you ever contributed to a Louisiana public retirement system? Yes No Name of system _____

2. Did you withdraw your contributions when you left previous employment? Yes No

3. Please indicate the position(s) you previously held:

Position	Years employed	Employer
____ Teacher, professor, instructor	From _____ To _____	_____
____ Custodian, school bus driver	From _____ To _____	_____
____ School food service worker	From _____ To _____	_____

4. If you withdrew retirement contributions before 1978, provide TRSL membership number if known. _____

5. If you contributed to another Louisiana public retirement system, do you wish to apply for reciprocal recognition of retirement credit between systems or actuarial transfer of funds and retirement credit to TRSL? Yes No

Applicant's signature (Do not print or type) ▶ _____	Date signed (mm-dd-yyyy) _____
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Section 2 — To be completed by employer

Name of employer _____	Agency number <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>					
Name of school _____	Title of position _____					

Employment Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unclassified (if applicable) Full-time equals _____ hours per day. Annual full-time earnings \$ _____ This employee will work _____ hours per week.	Date of employment ____ / ____ / ____ <small>mm-dd-yyyy</small>
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Applicant is being enrolled in: <input type="checkbox"/> Regular Plan <input type="checkbox"/> Plan B	Basis of employment <input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 11 months <input type="checkbox"/> 12 months
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For what percent of the first year will the applicant be employed? _____ %

Check the appropriate box for each category below:

YES **NO*** His/her first employment making him eligible for membership in a Louisiana public retirement system began on or after January 1, 2013.

YES **NO*** He/she was employed in a position eligible for membership in a Louisiana public retirement system prior to January 1, 2013, but he/she terminated service prior to January 1, 2013. Through re-employment on or after January 1, 2013, he/she is again eligible for membership in a Louisiana public retirement system.

YES **NO*** He/she assumes an elective office on or after January 1, 2013, and by virtue of that service or previous public service, he/she is eligible for membership in a Louisiana public retirement system.

*** If the answer to all three questions above is NO, you do not have to complete the "Forfeiture of Benefits" section below.**

Forfeiture of Benefits - Employee Attestation (Check the appropriate box below whether or not the employee has signed Form 2FRB.)

YES I hereby certify that this employee has received and executed TRSL's *Forfeiture of Retirement Benefits - Attestation of Understanding* (Form 2FRB), and that this form will be permanently maintained in the personnel records of this employer.

NO State law, La. R.S. 11:293, requires that this employee receive and execute TRSL's *Forfeiture of Retirement Benefits - Attestation of Understanding* (Form 2FRB). The enrollment of this employee cannot be completed until Form 2FRB is properly executed in compliance with state law.

Signature of employer's authorized representative ▶ _____	Title _____	Date signed (mm-dd-yyyy) _____
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