

TEACHERS RETIREMENT SYSTEM OF TEXAS
RETIREMENT QUESTIONNAIRE



1. Are you currently employed by a TRS-covered * employer? YES _____ NO _____

**State supported universities, medical and dental schools, junior/community colleges, public schools, regional education service centers, certain charter schools.*

If so, give name of employer: _____

Are you currently contributing to TRS through that employer? YES _____ NO _____

Are you currently contributing to ORP through that employer? YES _____ NO _____

Are you vested with ORP? YES _____ (if yes, date vested: _____) NO _____

2. If not currently contributing, have you ever worked for a TRS-covered employer?

YES _____ NO _____

If so, give name of employer: _____

Did you contribute to TRS through that employer? YES _____ NO _____

Have you withdrawn your funds from TRS? YES _____ NO _____

3. Have you retired from TRS? YES _____ NO _____

If so, what is your retirement date? _____ (MM/DD/YYYY)

4. If you have retired from TRS, are you currently working or previously worked during current calendar year under any other return-to-work conditions approved for TRS?

YES _____ NO _____

If so, give dates of employment and percent effort: _____

Print Name

Social Security Number

Signature

Date

FOR PAYROLL USE ONLY	
TRS eligibility verified on TRAQS	
_____	_____
Date	Initials