REQUEST FOR RETIREMENT INFORMATION

Name:_____ **UIN:**_____

Phone#:_____ **E-Mail:**_____

TEACHER RETIREMENT SYSTEM OF TEXAS

Please circle the status that applies to you.

Do you have an intact Teacher Retirement (TRS) Account?

YES ☐ NO ☐

Are you currently participating in TRS?

YES ☐ NO ☐

If yes where? _____

I am not a TRS Retiree, but am enrolled in a TRS Health Care Plan as a dependent of a TRS Retiree:

YES ☐ NO ☐

I am a TRS Retiree: YES ☐ NO ☐

Retirement Date:_____ TRS Retiree from: _____

Are you enrolled in a TRS Health Care Plan?

YES ☐ NO ☐

OPTIONAL RETIREMENT PROGRAM

Have you elected the Optional Retirement Program in lieu of TRS?

YES ☐ NO ☐

If yes where? _____

If yes, did you vest under the program? YES ☐ NO ☐

EMPLOYEE RETIREMENT SYSTEM OF TEXAS

Are you an Employee Retirement System of Texas (ERS) Retiree?

YES ☐ NO ☐

Retirement Date:_____ ERS Retiree from: _____

Signature:_____ **Date:**_____

Please note that if your employment or retirement status changes you need to contact the Human Resources office at ext. 2630.

With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.