

## Teacher Retirement System Eligibility Determination and Enrollment Authorization Form

Last Name: First Name:	Middle Name:		
<ol> <li>Have you ever contributed to the Texas Teacher Retirement System (TRS)?         TRS covered employers-Texas state supported universities, medical and dental schools, junior/community colleges, public schools, regional service centers, certain charter schools.         If yes,             a. Have you withdrawn all funds from TRS?             b. Withdrawn date:</li> </ol>	= >	☐ YES	□ NO
2. Have you ever contributed to the Texas Optional Retirement Program (ORP)?  Institution Name: Dates: From Institution Name: Dates: From		☐ YES	□ NO
3. Are you currently employed at an independent school district?	5	☐ YES	□NO
4. Are you receiving any annuity from a Texas Public Retirement System?  Such as TRS, Employees Retirement System, ORP, County and Municipal Retirement System.  If yes,  a. Retirement/Annuity Begin Date:  b. Retirement System Name:  c. Since retirement, have you worked or are you currently working for another Texas State agency, Texas State Institution of Higher Education, Texas Community College, or Texas Independent School District? If yes, complete the information below:		☐ YES	□ NO
Agency/Institution Name: Dates: From Agency/Institution Name: Dates: From			
5. Are you enrolled in TRS CARE as a retiree or dependent?  If you are enrolled in TRS CARE, TRS Form 667 must be completed.	1	YES	□NO
Employee Signature: Date:	Phone #:		
FOR HUMAN RESOURCE USE ONLY			
Sample Sa	ntributing TRS retire Date:		