Office Use Only
Emp. Date _____ 91st day _____

TEACHER RETIREMENT SYSTEM OF TEXAS (TRS)
INFORMATION SHEET

Print Your Name: _____ (Last) _____ (First) _____ (Middle)

SSN: ___ – ___ – ____ Date of Birth: MM DD YYYY

Important information for retirees: Individuals who have retired from the Teacher Retirement System (TRS) of Texas may sometimes be reemployed in a Texas public school district after retirement. Any individual in this situation should check with TRS concerning the TRS rules that may affect his/her ability to draw a TRS retirement check at the same time that he/she is drawing a paycheck from Austin ISD. There are circumstances under which an employee may draw both checks at the same time and there are other circumstances when TRS will stop paying retirement checks for a period of time. Each individual is responsible for determining his/her status with TRS.

There are two reasons that it is important for Austin ISD to know if you are returning to work after retiring under the Teacher Retirement System of Texas.

- TRS deductions should not be taken out of your paycheck.
- The State of Texas requires school districts to pay a surcharge for most TRS retirees who are rehired.

Answer the following questions by placing a check (✓) in one of the boxes provided:

Have you retired from the Teacher Retirement System of Texas? * ☐ YES ☐ NO

* Note: If you have retired from the EMPLOYEES Retirement System (ERS), check "NO."

If "YES" Print the Name of Texas School District or TRS Employer From Which You Retired: _____

Date of Your Retirement Under TRS: _____

Did you take a reduction for early age retirement? ☐ YES ☐ NO

Have you ever worked for an agency of the State of Texas other than in public education? ☐ YES ☐ NO

Have you ever worked for public education in a state other than Texas? ☐ YES ☐ NO

Were you a TRS member before you started this job? ☐ YES ☐ NO

Have you withdrawn a TRS account? ☐ YES ☐ NO

If yes, in what month and year? _____

Did you sign a TRS waiver in 1937 or 1949? ☐ YES ☐ NO

Your Signature: _____ Date: _____

Revised 7/18/06