

Last Name: First Name: Middle Name:

1. Have you ever contributed to the Texas Teacher Retirement System (TRS)? YES NO

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a. Have you withdrawn all funds from TRS?

b. Withdrawn date: _____

2. Have you ever contributed to the Texas Optional Retirement Program (ORP)? YES NO

Institution Name: _____ Dates: From _____ - _____

Institution Name: _____ Dates: From _____ - _____

3. Are you currently employed **FULL-TIME** at an independent school district or a (TX) University/College that contributes to TRS? YES NO

Name of Institution: _____

4. Are you receiving any annuity from a Texas Public Retirement System? YES NO

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:

Agency/Institution Name: _____ Dates: From _____ to _____

Agency/Institution Name: _____ Dates: From _____ to _____

5. Are you enrolled in TRS CARE as a retiree or dependent? YES NO

If you are enrolled in TRS CARE, TRS Form 667 must be completed.



It is very important that you inform CBC HR dept. immediately if/when you have a change in employment status with another institution and/or a change with TRS.
Example of when to notify CBC: When you leave FT employment with your ISD; You are an adjunct instructor with CBC & you become a FT Instructor at TAMUK; etc.



Signature:

Date:

Please visit the following website for additional information about TRS Membership Eligibility:
https://www.trs.texas.gov/Pages/re_employment_eligibility.aspx

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| <input type="checkbox"/> Not a member of TRS or ORP | <input type="checkbox"/> ORP retiree |
| <input type="checkbox"/> current member of TRS | <input type="checkbox"/> TRS retiree, not currently contributing TRS retire Date: _____ |
| <input type="checkbox"/> current member of ORP | <input type="checkbox"/> TRS retiree, currently working at school district(s): _____ |
| <input type="checkbox"/> Former TRS, not currently contributing | |