



Election to Join TRSL after ORP Participation (Form 2TR)

EMPLOYER USE ONLY

TRSL agency number (####)

00-TR

rev. 10/24

APPLICANT:

Submit this form to your Human Resources office to complete the enrollment process with TRSL.

Submit ORIGINAL form ONLY.
No copies, faxes, or scans accepted.

Print in ink or type all entries except signatures and initials. Incomplete forms will be returned. This is a form to be used by eligible Optional Retirement Plan (ORP) participants to make an irrevocable election to leave the ORP and join the TRSL defined benefit plan. **PLEASE NOTE: Once you have read the form and completed Section 1, please submit the form to your Human Resources office to complete the enrollment process with TRSL.**

Section 1 — Member information and acknowledgments (to be completed by applicant)

Name: Last, first, MI, suffix (Jr., III, etc.)

Social Security number (###-##-####)

← REQUIRED

Street address / PO box

City, state, zip

Primary email address

Daytime telephone (include area code)

Alternate telephone (include area code)

Date of birth (mm/dd/yyyy)

Are you a U.S. citizen? ☐ Yes ☐ No

Type of visa

REQUIRED →

Read and handwrite your initials beside each of the following statements:

- _____ 1. I am an Optional Retirement Plan (ORP) participant who hereby makes a one-time irrevocable election to cease participation in the ORP in order to become a new member of the 2015 regular plan of the Teachers' Retirement System of Louisiana, as outlined in La. R.S. 11:932. I understand that I (1) can never again participate in the La ORP; (2) shall not be allowed to transfer my ORP time into TRSL; (3) may not receive a distribution from my ORP account until all employment has ended.
- _____ 2. I understand that by making the election provided for by La. R.S. 11:932 I am seeking to enroll in the **TRSL 2015 Retirement Plan**, which is a defined benefit pension plan. I further understand that under this plan I will be eligible for retirement benefits once I reach age 62 with five years of service credit earned after the effective date of my election, or for an actuarially reduced retirement benefit at any age with twenty years of service credit earned after the effective date of my election. I further understand that I will be eligible for disability and survivors' benefits only once I have earned sufficient service credit accrued after the effective date of my election to be eligible for those benefits.
- _____ 3. I understand that my election to leave the ORP and enroll in the TRSL defined benefit plan will be effective only after the receipt of all required documentation by TRSL and subject to the timing set forth in La. R.S. 11:932.
- _____ 4. I understand that, if all required documentation related to my election under La. R.S. 11:932 is not received by TRSL prior to the expiration of the time period set forth in La. R.S. 11:932 for me to make that election, then the election will be invalid and I will no longer be eligible to leave the ORP and join the TRSL defined benefit plan. In such event I understand that I will remain a participant in the ORP.
- _____ 5. I understand that, as a result of my decision to make the election provided for by La. R.S. 11:932, any service credit remaining in the TRSL defined benefit plan that I may have earned prior to the effective date of this election will only be used for benefit computation purposes and not for eligibility for retirement, disability or survivors' benefits.

I have read and fully understand each of the foregoing statements in **Section 1 - Member information and acknowledgments, as confirmed by my initials placed beside each statement.** In full awareness of this information and all related legal requirements, I have determined that I wish to make the election outlined in La. R.S. 11:932.

**REQUIRED
SIGNATURE →**

(Please sign with an ink pen. Electronic signatures are not accepted.)

Date signed (mm/dd/yyyy)

Employer must complete reverse side.



Election to Join TRSL after ORP Participation (Form 2TR)

Member's SSN

00-TR

rev. 10/24

Section 2 — Employer information (to be completed by employer)

Name of employer	TRSL agency number (####)
Employee title/position	Date of employment (mm/dd/yyyy)
Basis of employment: ☐ 9 months ☐ 10 months ☐ 11 months ☐ 12 months	
Employment status: ☐ Full-time ☐ Part-time	Higher Education This employee will teach _____ credit hours per semester. Full-time equals _____ credit hours per semester. All other employers This employee will work _____ hours per week. Full-time equals _____ hours per day. <i>A part-time employee is any employee who normally works 20 hours or less per week or, if employed in higher education (a college, a university, including lab schools, or technical college), works less than half of what the university or college considers full-time.</i>

Is the participant a seasonal or temporary employee? ☐ Yes ☐ No**Definition of seasonal employee.** A seasonal employee is any employee who normally works on a full-time basis less than 5 months in a year.**Definition of temporary employee.** A temporary employee is any employee performing services under a contractual arrangement with the employer of 2 years or less duration.**Section 3 — Forfeiture of benefits / Employee attestation (to be completed by employer) - Check the appropriate box below.**

☐ YES , employee has signed Form 2FRB	I hereby certify that this employee has received and executed TRSL's <i>Forfeiture of Retirement Benefits - Attestation of Understanding</i> (Form 2FRB), and that this form will be permanently maintained in the personnel records of this employer.	
☐ NO , employee has not yet signed Form 2FRB	State law requires that this employee receive and execute TRSL's <i>Forfeiture of Retirement Benefits - Attestation of Understanding</i> (Form 2FRB). La. R.S. 11:293 (The enrollment of this employee cannot be completed until Form 2FRB is properly executed in compliance with state law.)	
REQUIRED SIGNATURE ▶	Signature of employer's authorized representative (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
	Name of authorized representative (print or type)	Title

**Upon completion, please mail the ORIGINAL page 1 and page 2 of this form to TRSL.
Employers, please make sure you fill in the employee's TRSL agency number at the top of page 1.**

PO Box 94123 • Baton Rouge, LA 70804-9123 • 1-877-ASK-TRSL (1-877-275-8775) • www.TRSL.org • web.master@trsl.org