



Teachers' Retirement System of Louisiana

Form 15 (09/98)

P.O. Box 94123
Baton Rouge, LA 70804-9123
Telephone: (225) 925-6446
Fax: (225) 925-4258

Retiree Return-to-Work Notification

Instructions: Print in ink or type all entries except signatures. This form must be completed by retirees of the Teachers' Retirement System of Louisiana (TRSL) who return to work in a position covered by TRSL or within the Department of Education. Any reference to fiscal year means July 1 through June 30. Former Deferred Retirement Option Plan (DROP) participants and Option 5 retirees must also complete Section IV on the reverse. Disability retirees returning to work will have their benefits terminated.

Section I - Retiree information

Name: Last, first, MI, suffix (Jr., III, etc.)
Street / P.O. Box
City, state, zip
Date of retirement (mm-dd-yyyy)
Social Security number
Daytime telephone
Check one: Regular retiree, DROP/Option 5 retiree

Section II - Return-to-work option selection (Choose one only)

SUSPENSION OF BENEFITS (LSA-R.S. 11:737 and 11:791)
I request that my retirement benefits be suspended effective the day I return to active reemployment with an employer covered by TRSL. This suspension is to continue until termination of my reemployment. I understand that I may not elect this option if I have previously substituted on a day-by-day basis this current fiscal year. I understand no contributions will be paid to TRSL unless I am a DROP or Option 5 retiree.

EARNINGS LIMIT (LSA-R.S. 11:707 and 11:791)
I request that my retirement benefit continue during my reemployment. I understand that I may not later request the suspension of my retirement benefits during this current fiscal year (July 1 through June 30) and that if I exceed my earnings limit, my retirement benefit will be reduced during the following 12 months.

REGULAR RETIREE

I understand my earnings limit is 50% of my adjusted average compensation and that no retirement contributions will be withheld and reported to TRSL.

DROP AND OPTION 5 RETIREE

I understand my earnings limit is 50% of my annual retirement benefits and that retirement contributions will be withheld and reported to TRSL. If I retired on or after July 2, 1998, I have complied with the required waiting period before returning to work under the earnings limit provisions. The waiting period is either 24 months if I had less than 30 years of service credit at retirement, or 12 months with 30 or more years of service credit at retirement.

REGAINING ACTIVE MEMBERSHIP IN TRSL (LSA-R.S. 11:738) (This election is not available to DROP or Option 5 retirees.)

I request a cost of regaining membership in TRSL. I understand that my retirement benefit will be cancelled and that I will have to return all retirement benefits received from TRSL plus interest at the board-approved actuarial rate and pay employee and employer contributions on the earnings I have received since reemployment, plus compound interest at the board-approved actuarial rate.

If this option is chosen, an Enrollment Application/Employment Notification (Form 2) must be sent to TRSL. If applicable, a PIP Notice of Retiree Returning to Service form must be completed by employer.

I am returning to work under the option designated above. I have completed Section IV on the reverse if I am a DROP or Option 5 retiree.

Retiree's signature (Do not print or type)
Date signed (mm-dd-yyyy)

Section III - Agency verification

This retiree began or will begin working for _____, agency # _____, on ____/____/____.
(mm-dd-yyyy)

Unsheltered employee and employer retirement contributions will be remitted to TRSL for all DROP and Option 5 retirees. Said employer will notify TRSL in writing of the termination date of this retiree.

Employer's signature (Authorized agency representative-no facsimile accepted)
Date signed (mm-dd-yyyy)

DROP and Option 5 retirees must complete the reverse

Section IV — Beneficiary designation

I am designating the following beneficiary to receive the amount of contributions remitted to TRSL during my reemployment in the event of my death before withdrawing these contributions from TRSL.

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

Street / P.O. Box

City, state, zip

Retiree's signature (Do not print or type)

Social Security number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date signed (mm-dd-yyyy)

Must be witnessed by persons other than beneficiary(ies)

Signature of witness (Do not print or type)

Street / P.O. Box

City, state, zip

Signature of witness (Do not print or type)

Street / P.O. Box

City, state, zip