



Teachers' Retirement System

of the State of Illinois

P.O. Box 19253, 2815 West Washington

Springfield, Illinois 62794-9253

217/ 753-0311

MEMBERSHIP INFORMATION RECORD

The information given on this form will become part of your permanent record in the Teachers' Retirement System. Complete in ink or by typewriter if:

1. You are a new member of TRS.
2. You are a new member of TRS with previous TRS membership that was cancelled when you received a refund.
3. You are an active or inactive member of TRS changing your name, address or TRS-covered employer(s).
4. You are a retired member (annuitant) of TRS changing your name or address.

Check your status

<input type="checkbox"/> New member	<input type="checkbox"/> Active or inactive member changing name/address	<input type="checkbox"/> Retired member changing address/name
<input type="checkbox"/> New member with previous TRS membership (please list any other name(s) you may have used during your previous membership)	<input type="checkbox"/> Active or inactive member changing TRS-covered employer(s)	<input type="checkbox"/> Member of another Illinois public employee retirement system (specify system's name)

Last Name	First Name	Middle Initial	Maiden	Social Security Number
Home Telephone No: ()		Date of Birth (MM-DD-YY)	Sex	Marital Status
Work Telephone No: ()				

Employer Information (List only your TRS-covered employer(s) for the current school year. If employer name or number is not known, contact your employer's payroll department.)

District Name	County	District #	Check only if you are/were a substitute teacher. <input type="checkbox"/> Substitute
District Name	County	District #	Check only if you are/were a substitute teacher. <input type="checkbox"/> Substitute
District Name	County	District #	Check only if you are/were a substitute teacher. <input type="checkbox"/> Substitute

Current Address

Street Address
Apartment, Post Office Box or Route Number
City, State and Zip Code (9 Digits if Known)
County

Previous Address

Street Address
Apartment, Post Office Box or Route Number
City, State and Zip Code (9 Digits if Known)

Your Signature	Date
Power of Attorney Signature (if applicable). If a power of attorney, attach document.	Date