



Your SSN _____

Mail to address above, ATTN: TRS Benefits Division, OCS Appointments

Your Information

Name _____
First Middle/Maiden Last

Address _____
Street or P.O. Box City State ZIP Code

Telephone Number _____ Email Address _____

Date of Birth _____ Sex Male Female PID (optional) _____

Retirement Information

*Proposed Retirement Date
 Month _____ Year _____

**Date will be used to calculate an estimate of benefits.*

Did you participate in DROP? Yes No

Are you interested in PLOP at this time? Yes No

Employer _____ Number of Years of Service** _____

Number of sick days _____ Current Contract Type 12 months 10 months 9 months

Job Classification _____
Principal, Bus Driver, Teacher, etc.

If you need information regarding purchasing service or any other issues you wish to discuss during your appointment, please indicate below:

Withdrawn Service Military Municipal/Public Out-of-state Other _____

Counseling Appointment Location

Please list two site choices for your individual counseling appointment.

First Choice _____
Location

Second Choice _____
Location

You will be notified by mail stating your appointment date and time. Day and time slots are filled in order and are not subject to change. **To receive a confirmed appointment, you must be within three years of retirement eligibility.** If your file indicates otherwise, you will not be scheduled for a counseling appointment, but will be notified of the inaction. To cancel your appointment, please contact the TRS Benefits Division Appointment Coordinator at 877.517.0020. Cancellations should be made as soon as possible, but no later than one week prior to the appointment.

Signature Certification

Sign Here → Your Signature _____ Date _____

THIS BOX IS FOR RSA USE ONLY

Date _____ Order _____ Confirmed with letter _____