



**TRS Off-Site Counseling Services**  
 Teachers' Retirement System of Alabama  
 PO Box 302150, Montgomery, Alabama 36130-2150  
 877.517.0020 • 334.517.7000 • www.rsa-al.gov



**Your SSN** \_\_\_\_\_

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

**Your Information**

Name \_\_\_\_\_  
First Middle/Maiden Last

Mailing Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  Male  Female PID (optional) \_\_\_\_\_

**Retirement Information**

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

\*Proposed Retirement Date  
 Month \_\_\_\_\_ Year \_\_\_\_\_

Did you participate in DROP?  Yes  No

Are you interested in PLOP at this time?  Yes  No

*\*\*Do not include service credit you intend to purchase - must be service credit as of today.*

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Withdrawn Service  Military  Municipal/Public  Out-of-state  Other \_\_\_\_\_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**

*No field appointments will be made by telephone and no emails or faxes will be accepted to register.*

This request is for a 20-minute appointment with a TRS Counselor. Detailed information related to PEEHIP or RSA-1 will not be provided. 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 \_\_\_\_\_