



Teachers' Retirement System of Louisiana
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
 P.O. Box 94123 • Baton Rouge, LA 70804-9123
 Telephone: (225) 925-6446 • Fax: (225) 922-2522
 www.trsl.org

Form 8BR (08/07)

03-8BR

Application for Purchase of Refunded Service to Reciprocate

Print in ink or type all entries except signatures. **Application should be received by the Teachers' Retirement System of Louisiana (TRSL) at least six months in advance of applying for retirement or DROP.** Complete this form in its entirety to allow a thorough microfilm search for refunded records to be made. **All refunded service must be restored in order to reciprocate.**

Incomplete or improperly certified forms are not acceptable for evaluation by TRSL and will be returned directly to the applicant.

Name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number											
Street / P.O. Box		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
City, state, zip		Date of birth (mm-dd-yyyy)											
_____ / _____ / _____													
Daytime telephone ()	Evening telephone ()	E-mail address											

Name(s) under which service was rendered if different from above: _____

Period of time refunded (approximate dates are acceptable):

From	To	Approximate date of refund
_____ / _____	_____ / _____	_____ / _____
mm-yyyy	mm-yyyy	mm-yyyy

Please indicate the position(s) the member previously held during the above-referenced period of employment:

Position	Years employed	Employer	For TRSL use only
<input type="checkbox"/> Teacher, professor, instructor	From _____ To _____	_____	_____
<input type="checkbox"/> Custodian, school bus driver	From _____ To _____	_____	_____
<input type="checkbox"/> School food service	From _____ To _____	_____	_____
<input type="checkbox"/> Other _____	From _____ To _____	_____	_____

Name of Louisiana retirement system to which applicant is currently contributing: _____

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

The member should contact the retirement system to which he or she is currently contributing for information regarding the transfer or reciprocity of this period of employment.