



STOP! You do *not* need to file this application if your TRS membership is mandatory. Please read the instructions on page 3 before completing this application.

(Please print in black or blue ink, and initial any changes that you make on this application.)

PART A: Please provide the information below.

First Name	MI	Last Name	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address	Apt. No.	Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)	
<input type="text"/>	<input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"><input type="text"/></input>	
City	State	Zip Code	Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
<input type="text"/>	<input type="text"/>	<input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"><input type="text"/></input>
Date of Birth (MM/DD/YYYY)			Email Address
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/>
Gender			TRS Membership Number (if available)
<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="text"/>

Check here if you entered new contact information above. TRS will then update our records based on what you entered.

Please keep your contact information up to date. You can visit our website to update your contact information anytime, or file a "Member's Change of Address Form" (code DM13) with TRS.

PART B: EMPLOYMENT DETAILS. Please provide the following information.

1) **Employer:** DOE Charter School CUNY
(select one)

2) **School Name:**
(required for Charter School and CUNY employees only)

3) **Job Title:**

4) **Appointment Date:** / /

5) **Employee Number:**

6) **Have you previously been a member of TRS?** Yes No

If No Go to Part C.


If Yes Write your previous TRS membership number below; then go to Part C.



PART C: OTHER RETIREMENT SYSTEMS. Please provide the following information.

Are you now, or have you been, a member of a public retirement system within New York State or of TIAA? Yes No

If No  Go to Part D.

If Yes  Go to Part D; then submit the attached "Membership in Other Retirement Systems" form (code EN10ret) or online equivalent.

PART D: Please read the following statement and sign and date below.

I certify that I have read the Enrolling in TRS brochure and the instructions for this application. I understand the conditions of enrolling in TRS, and that TRS must verify my membership eligibility.

If I am now, or have been, a member of a public retirement system within New York State or of TIAA, I am submitting the attached "Membership in Other Retirement Systems" form (code EN10ret) or online equivalent. If I am a retired member of a public retirement system within New York State or of TIAA, I certify that I have suspended my retirement allowance so that I may enroll in TRS.

I hereby elect to join TRS and make the required pension contributions toward a potential retirement allowance in the future. I understand that I will be enrolled in TRS under the provisions of the tier in effect as of my TRS membership date. In accordance with the instructions for this application, I am also enclosing a "Designation of QPP Beneficiary Form" (code EN6) and documentation of my date of birth (or am providing this information online). I affirm that, to the best of my knowledge, all the information I have provided above is true and correct.

APPLICANT'S SIGNATURE _____ DATE (MM/DD/YYYY) _____





INSTRUCTIONS

PLEASE READ CAREFULLY

For your convenience, you may quickly enroll in TRS by accessing our website; otherwise, you may mail this completed application to TRS. You may be eligible for TRS membership if you are employed by the New York City Department of Education (DOE), the City University of New York (CUNY), or a participating Charter School.

Before enrolling, please read the *Enrolling in TRS* brochure for general information about TRS membership and details about pension contributions, required documentation, and membership in other retirement systems.

Mandatory and Optional Memberships

- **If your TRS membership is *mandatory*, you would be automatically enrolled in TRS, and you would not have to enroll online or submit this application;** however, you must provide certain required documentation, as noted below.
- **If your TRS membership is *optional*, you must enroll online or submit this application to join TRS.** You must also provide certain required documentation, as noted below.

Your TRS membership is *mandatory* if you are:

- ✓ A *teacher or pedagogue* employed by the DOE or a participating Charter School.
- ✓ A *full-time instructional staff member* employed by CUNY, provided you are not a member of the Optional Retirement Program (ORP) offered by TIAA, or you do not join the ORP within 30 days of your appointment date.

Your TRS membership is *optional* if you are:

- ✓ A *paraprofessional* (in the title of *Auxiliary Teacher, Bilingual Professional Assistant, Educational Assistant, Educational Associate, Family Assistant (A & B), Family Associate, Family Worker, Health Aide, Parent Program Assistant, or Teacher Aide*) employed by the DOE or a participating Charter School.
- ✓ An *adjunct* employed by CUNY.
(Please contact your Benefits Officer for a complete list of eligible CUNY titles.)

Required Documentation

Members must provide the following to TRS:

- ✓ Beneficiary designations under the QPP;
- ✓ Information about your membership in other public retirement systems (if applicable);
- ✓ Information about prior and/or military service (if applicable); and
- ✓ Proof of your date of birth.

See the *Enrolling in TRS* brochure for more information about providing the above. (A “Membership in Other Retirement Systems” form (code EN10ret) is attached, if needed.)

Questions and Further Information

- For your convenience, TRS forms and publications are available on our website. If you require additional assistance, please contact our Member Services Center at 1 (888) 8-NYC-TRS.
- Please make a copy of this completed application for your records.



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Please print in black or blue ink, and initial any changes that you make on this form.

PART A: Please provide the information below.

First Name	MI	Last Name	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address	Apt. No.		Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
<input type="text"/>	<input type="text"/>		(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City	State	Zip Code	Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
<input type="text"/>	<input type="text"/>	<input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth (MM/DD/YYYY)	Email Address		
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		
Gender	TRS Membership Number (if available)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>		

Check here if you entered new contact information above. TRS will then update our records based on what you entered.

Please keep your contact information up to date. You can visit our website to update your contact information anytime, or file a "Member's Change of Address Form" (code DM13) with TRS.

You must file this form if you are now, or have been, a member of any other New York City or New York State public retirement system, or of the Optional Retirement Program (ORP) offered by TIAA. (For your convenience, you may instead access the secure area of our website and file the online equivalent.) Please see the *Enrolling in TRS* brochure for additional information.

PART B: Please provide the following information about your membership(s) in a public retirement system.

1) Are you currently a member or were you previously a member of a NYC/NYS public retirement system or of TIAA? Yes No

If No → STOP. You do not need to file this form.

If Yes → Complete the information below; then go to Part C.

2) Name of your current public retirement system (*not* TRS):

2a) Membership number in the above retirement system:

2b) Membership dates in the above retirement system: From: / /
To: / /

3) Name of any previous public retirement system:

3a) Membership number in the above retirement system:

3b) Membership dates in the above retirement system: From: / /
To: / /

4) Did you retire from your current (*not* TRS) or previous public retirement system? Yes No

If No → Go to Part C.

If Yes → Complete 4a) and 4b) below; then go to Part C.

4a) What was your effective retirement date?

/ /

4b) Have you suspended your retirement allowance?

Yes No

If No → STOP. You are not eligible for TRS membership at this time.

If Yes → Write the date your retirement allowance was suspended:

/ /

PART C: Please read the following statement and sign and date below.

I certify that I have read the Enrolling in TRS brochure, including the information about membership in other retirement systems.

If I am a retired member of a public retirement system, I certify that I have suspended my retirement allowance in the _____ so that I may be a TRS member. If I am not a retired member of a public retirement system, I certify that, to the best of my knowledge, I am eligible for TRS membership.

I affirm that, to the best of my knowledge, all the information I have provided above is true and correct.

MEMBER'S/APPLICANT'S SIGNATURE _____ DATE (MM/DD/YYYY) _____