



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
www.trs.mt.gov
406-444-3134
1-866-600-4045

TRS Office Use Only

NEW TRS MEMBER QUESTIONNAIRE

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.

MEMBER INFORMATION

First _____ Middle _____ Last _____ Suffix _____
Printed Name

_____ Date of Birth _____ X X X - X X - _____
Maiden Name Social Security Number

_____ Mailing Address—including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code) _____ Area Code and Telephone Number

Are you a retired member receiving a monthly retirement benefit from Montana Teachers' Retirement System (TRS)?

- YES If 'YES,' Sign and date this form and **DO NOT** complete the remainder of this form. You and your employer **must** contact TRS to confirm the maximum amount you may earn and still receive your monthly retirement benefit and complete the notice of postretirement employment form.
- NO

Are you currently an active or inactive member of Montana TRS, with employee contributions being withheld and/or on deposit?

- YES If 'YES,' please list the name of your current/previous employer: _____
- NO

Are you currently a member of TIAA-CREF?

- YES If 'YES,' and you are concurrently employed in a TIAA-CREF and TRS reportable position you cannot become an active member and be reported to TRS. (REF: §19-20-302 (8)(b) MCA).
- NO

NOTE: If you are a substitute teacher or a part-time teacher's aide and not a member of TRS, you **must** also complete the TRS 'Membership Election Substitute Teacher or Part-Time Teacher's Aide' form.

Membership in TRS is compulsory for persons employed for at least 210 hours during the school year as teachers, principals, vice-principals, district superintendents, county superintendents of schools, teacher's aides, paraprofessionals, speech therapists, school nurses, school psychologists, guidance counselors and others employed in a teaching or professional position of any public school, state agency or special education cooperative. Upon receipt of your completed 'Record for Membership' form, information regarding your retirement system account will be sent from the TRS office to your home mailing address.

If you were previously employed in a position covered under Montana TRS and withdrew your account, you are eligible to redeposit this service. Please contact TRS at 406-444-3134 to request this or any other information regarding the retirement system.

NOTE: After completing and signing this form, please return it to the school business office to be retained by the employer.

Member's Signature

Date

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST