**TEACHER RETIREMENT SYSTEM OF TEXAS**
**1000 Red River Street**
**Austin, TX 78701-2698**
**512.542.6400 or 1.800.223.8778**
**www.trs.state.tx.us**

Under Texas law, certain designated employees of the College are required to participate in the Teacher Retirement System of Texas (TRS) as a condition of employment. Employees who work at least 20 hours per week for a period of time not less than 4.5 months (or one semester), and who are not eligible for the Optional Retirement Program (ORP), must participate in the TRS program.

The TRS (Teacher Retirement System) retirement benefit plan is a defined benefit plan. This means that the amount of the retirement benefit you receive is determined under a formula established by law. State law also establishes membership eligibility requirements. For an individual who begins employment on, or after, September 1, 2005, with an employer that is a TRS reporting entity; and who is not a member of the TRS as of the date of employment, eligibility for TRS pension plan membership begins on the hire date, and payroll deductions begin with the first pay period processed after the hire date.

Membership contribution rate is currently 6.4% of annual eligible compensation. Membership contributions are tax sheltered; federal tax rules apply when benefits or your accumulated contributions are disbursed. The state currently contributes 6.0% of the aggregate compensation of all TRS members during the fiscal year.

Alvin Community College payroll will report your eligibility status to TRS. The enrollment information collected on this form is for Alvin Community College Human Resources file documentation only.

## ENROLLMENT INFORMATION

### SECTION I: INSTITUTION INFORMATION

| TRS District Number | Name of Employing Agency | Employment Date | TRS Eligibility Date |
|---|---|---|---|
| 1829 | ALVIN COMMUNITY COLLEGE | MM/DD/YY | MM/DD/YY |

### SECTION II: TO BE COMPLETED BY EMPLOYEE

Please PRINT CLEARLY or the processing of your form may be delayed.

| | | |
|---|---|---|
| | | |

**Social Security Number**

| ▼ | ▼ | ▼ | ▼ |
|---|---|---|---|
| **Last Name** | **First Name** | **Middle Name** | **Maiden Name** (If Applicable) |

**Date of Birth**

| | | |
|---|---|---|
| | | |
| **MM** | **DD** | **YYYY** |

**Gender** M ☐ F ☐

**Check your present status** Single ☐ Married ☐

**If married, give full name of spouse**

**Mailing Address:** _____

_____

**City** **State** **Zip**

_____ _____

**Signature of Member** **Signature Date - Month / Day / Year**

_____ _____

**HR Verification** **Verification Date - Month / Day / Year**

**(ACC/TRS - 09/01/2011)**