



**Use only for retirees  
 who return to work  
 in a TRSL-eligible  
 position**

### Retiree Return-to-Work Notification

**Print in ink or type all entries except signatures.** This form must be completed by retirees of the Teachers' Retirement System of Louisiana (TRSL) who return to work in a TRSL-eligible position. Any reference to fiscal year means July 1 through June 30. **Disability retirees returning to work will have their benefits terminated.**

<b>Section 1—Retiree information</b>											
Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number										
Street / P.O. Box	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
City, state, zip	Daytime telephone (     )										
Date of retirement (mm-dd-yyyy)	Check one (* ILSB = Initial Lump-Sum Benefit, formerly Option 5) <input type="checkbox"/> Regular retiree <input type="checkbox"/> DROP or ILSB* retiree										

### Section 2—Return-to-work option selection (Choose one only)

I am returning to work under the option designated below:

- FULL BENEFITS AFTER 12-MONTH WAITING PERIOD SINCE RETIREMENT (LSA-R.S. 11:710, effective July 1, 2001)**  
 (Initial) I understand that if I return to work before the end of the 12-month waiting period after my retirement, my benefit from TRSL will be suspended for the duration of the employment or the lapse of the 12-month waiting period, whichever occurs first. If I have complied with the required 12-month waiting period before returning to work under this provision, I will receive full retirement benefits from TRSL. I understand that unsheltered contributions will be deducted from my pay and remitted to TRSL in either case. I understand that I may not elect this option if I have previously returned to work under another provision during this current fiscal year.
- REGAINING ACTIVE MEMBERSHIP IN TRSL (LSA-R.S. 11:738) – Not available to DROP or ILSB\* retirees**  
 (Initial) I request a cost of regaining membership in TRSL. I understand that my retirement benefit will be canceled and that I will have to return all retirement benefits received from TRSL plus interest at the board-approved actuarial rate and pay employee and employer contributions on the earnings I have received since reemployment, plus compound interest at the board-approved actuarial rate.
- If this option is chosen, an *Enrollment Application/Employment Notification* (Form 2) must be sent to TRSL. If applicable, a *PIP Notice of Retiree Returning to Service* form must be completed by employer.

### Section 3—Agency verification

This retiree began or will begin working for \_\_\_\_\_, agency # 

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, on \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  
(mm-dd-yyyy)

I certify that the retiree has returned to work under the provision selected above and meets all requirements necessary to return to work under such provision. If required, unsheltered employee and employer retirement contributions will be remitted to TRSL. Said employer will notify TRSL in writing of the termination date of this retiree.

Employer's signature (Authorized agency representative—no facsimile accepted)	Date signed (mm-dd-yyyy)
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### Section 4 — Beneficiary designation

I hereby designate the following beneficiary to receive the amount of contributions remitted to TRSL during my reemployment in the event of my death before withdrawing these contributions from TRSL. To add more beneficiaries, complete Section 4 on another Form 15 and attach.

Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number										
Street / P.O. Box	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
City, state, zip	Daytime telephone (     )										
Retiree's signature (Do not print or type)	Date signed (mm-dd-yyyy)										

### Must be witnessed by persons other than beneficiary

Signature of witness (Do not print or type)	Signature of witness (Do not print or type)
Street / P.O. Box	Street / P.O. Box
City, state, zip	City, state, zip