

Certification of State or Public-School Employment

Last Name: _____ First Name: _____ Middle Name: _____

Last Four of Social Security Number: _____ Employee ID: _____

Teacher Retirement System of Texas [TRS]

- Yes No Are you retired from a public school or institution of higher education in Texas?
If yes, what is the date of retirement: _____ Name of public school or institution of higher education: _____
- Yes No Are you currently receiving regular retirement benefits or disability benefits from Teacher Retirement System of Texas?
If yes, you should contact TRS to advise them of your employment status with The University of Texas Rio Grande Valley.
- Yes No Are you currently employed by a school district in Texas?
If yes, what is the name of the school district? _____
- Yes No Are you an active or previous member of the TRS?
If yes, what is the date when you became an active member? _____
- Yes No Other than UTRGV, are you working or going to work for another State Agency in Texas? If yes, please provide the name of the State Agency:

Employees Retirement System of Texas [ERS]

- Yes No Are you retired from a State employer in Texas under Employees Retirement System of Texas?
If yes, what is the date of retirement? _____
Name of the State employer: _____
- Yes No Are you currently receiving regular retirement benefits or disability benefits from ERS?
- Yes No Are you currently enrolled in retirement insurance under ERS?
If yes, when did coverage begin: _____

If you are a regular full-time or part-time employee, please answer the following questions.

Optional Retirement Program in Texas [ORP]

- Yes No Have you participated in an Optional Retirement Program in Texas?
If yes, what is the date you became eligible? _____
- Yes No If yes, did you withdraw your money from your account?
If yes, what is the name of agency? _____

Prior Employment in Higher Education and Retirement Participation

- Yes No Have you previously been employed by an institution of higher education in the State of Texas?
If yes, what is the name of the institution? _____ Dates of Employment: _____

Employee Signature

Date