



Teacher Retirement System of Texas/ Optional Retirement Program Confirmation of Prior Participation

Are you a prior College of the Mainland employee? Yes _____ No _____ If yes, dates(s) _____

State of Texas Agency(s):

Have you ever worked in Texas for: State supported universities, medical and dental schools, junior/community colleges, public schools, regional education service centers, certain charter schools?
Yes _____ No _____

If yes, where? _____

If YES, please complete the remainder of the form.

Did you contribute to TRS during this period of employment? Yes _____ No _____

If YES, have you withdrawn your funds from TRS? Yes _____ No _____

If NO, are you currently receiving a monthly retirement check from TRS? Yes _____ No _____

Have you ever elected the Optional Retirement Plan (ORP) in the state of Texas in lieu of participating in TRS? Yes _____ No _____

If YES, please list places of employment and dates of participation:

Place of Employment	Dates
	to
	to
	to
	to
	to

Printed Name: _____

Employee Signature: _____ **Date:** _____