

MEMBERSHIP ELECTION

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

SECTION I: MEMBER INFORMATION

Full Name: First	Middle	Last	Suffix	Sex M/F	Birth Date (mm/dd/yyyy) ()
		()			
Maiden or Other Name Previously Reported to TRS		Home Telephone	e Number		Cell Telephone Number
Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)					
Do you have funds on d	eposit with the Montana Teac	hers' Retirement Sy	stem (TRS)?		
Yes If you answere	ed yes, DO NOT complete this	form.			
No					
Are you retired and rece	eiving monthly retirement ben	efits from Montana	TRS?		
Yes					
No If you answere	d no, DO NOT complete this fo	orm.			
	•	-			nplete the term of an elected county e an active member of TRS. A "re-

tired member" is defined as a TRS member who has terminated all positions eligible to participate in TRS, and who has received at least one monthly retirement benefit.

A retired member elected to the Office of County Superintendent of Schools or appointed to complete the term of an elected county superintendent of schools, is not eligible for optional membership in the Public Employees' Retirement System (PERS) under the provisions of §19-3-412, MCA.

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FORM 134: COUNTY SUPERINTENDENT MEMBERSHIP ELECTION

(Continued)

I elect the following option with respect to my employment as an elected county superintendent:

I elect to participate as an active member of TRS while serving as an elected county superintendent. I understand that my retirement benefits will cease on the effective date of my employment as county superintendent. Additionally, my wages while serving as county superintendent are reportable to TRS, along with the mandatory employee and employer contributions due each month under the statutes governing the retirement system.

- OR -

I elect the following option with respect to my employment as an elected county superintendent:

I elect to remain a retired member of TRS while serving as an elected county superintendent. By electing not to participate in TRS, I will not accrue any additional service credits, nor will my current TRS retirement benefits be recalculated when I cease to serve as an elected county superintendent. I understand that wages earned while serving as an elected county superintendent are not reportable to either TRS or PERS under the statutes governing the retirement systems.

Member's Signature

Date

SECTION II: EMPLOYER CERTIFICATION

Name of School District, University, or Institution

TRS Employer Number

Institution's Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

Certifying Officer's Name

Certifying Officer's Title

Certifying Officer's Signature

Date