

MEMBERSHIP PARTICIPATION REQUEST
with Teachers' Retirement System of KY
through Eastern Kentucky University

Employed in a position covered by KRS Chapter 161, your membership in Kentucky Teachers' Retirement System (KTRS) entitles you to valuable benefits. These benefits include survivor benefits and a life insurance benefit available to your beneficiary upon your death. Learn more at trs.ky.gov

PART I MEMBER INFORMATION: Use your full name, not initials. Your date of birth should be numerically listed. Address should be a permanent address.

PART II MEMBER EMPLOYMENT INFORMATION: Please answer questions as indicated.

PART III MEMBER'S AFFIDAVIT: The member signature and witness signature are required.

After completion of Parts I through III, return this form to your employer.

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PART I

EMPLOYEE INFORMATION

NAME _____

First Middle Last

MARITAL STATUS: SINGLE MARRIED EKU ID# _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH (____/____/____) SEX F M
Month Day Year

MAILING ADDRESS _____

CITY AND STATE _____ ZIP CODE _____

HOME PHONE NO. (____) _____ WORK PHONE NO. (____) _____

PART II

EMPLOYEE PRIOR EMPLOYMENT INFORMATION

(1) Have you been employed in a position covered by KTRS before this year? ___Yes ___No

If yes, please provide name of employer and dates of employment:

District/Agency _____ Year _____

If yes, please provide your name(s) previously used, if different from Part I _____

(2) Do you have an account with Kentucky Employees Retirement System (KERS)? ___Yes ___No

(3) Do you have an account with County Employees Retirement System(CERS)? ___Yes ___No

(4) Do you have an account with KY State Police Retirement System (SPRS)? ___Yes ___No

PART III

EMPLOYEE'S AFFIDAVIT

I certify that the statements I have made on this form are true, correct, and complete to the best of my knowledge.

Signature of Member _____

Member's signature must be witnessed by an individual that has personal knowledge of the Member but, not related to the member by blood or marriage.

Signature of Witness _____ Date _____

To be completed by an employee of HR at Eastern Kentucky University

Title or Position: _____ Employment will begin on (date) _____

Days in Contract Period _____ Rate of pay _____ Contribution rate _____ %

Signature of Authorized Employer Designee _____

Designee Phone Number (____) _____ Date of Signature _____, 20 _____