

TRS Member Information Form

First Name	Middle Initial	Last Name	Maiden Name
Date of birth	Social Security Number		Home Phone Number
Street Address			Work Phone Number (with ext.)
City	State	Zip	Cell Phone Number
Are you retired from TRS? (circle one) YES NO	TRS Level (circle one) Tier 1 Tier 2		
Employee Signature		Date	



**Teachers' Retirement System
of the State of Illinois**