



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
www.mt.trs.gov
406-444-3134
1-866-600-4045

TRS Office Use Only

**MEMBERSHIP ELECTION SUBSTITUTE TEACHER OR
PART-TIME TEACHER'S AIDE**

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.

MEMBER INFORMATION

First _____ Middle _____ Last _____ Suffix _____
Printed Name

_____ - _____ - _____
Maiden Name M/F Date of Birth Social Security Number

_____ - _____ - _____
Mailing Address—including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code) Area Code and Telephone Number

- A substitute teacher or part-time teacher's aide may elect to be a member of Montana Teachers' Retirement System (TRS) on the first day of employment. Once you elect to become a member you **must** continue to be a member each successive school year while employed as a substitute teacher or a part-time teacher's aide, even if employed for only one day.
- If you do not elect to be a member of TRS on the first day of employment as a substitute teacher or part-time teacher's aide, you **must** become a member once you have completed 210 hours in any school year. Once you become a member you are required to continue to be a member in each successive school year while employed as a substitute teacher or a part-time teacher's aide, even if employed for only one day.

Are you receiving a monthly benefit from Montana TRS? Yes No

If you are receiving a monthly benefit from Montana TRS **DO NOT** complete the remainder of this form. You and your employer **must** contact TRS to confirm the maximum dollar amount you may earn and still receive your monthly retirement benefit and complete the notice of postretirement employment form. This form must be returned to the school business office, to be retained by the employer.

Are you currently employed in a position covered by TIAA-CREF? Yes No

If yes, **DO NOT** complete the remainder of this form. You and your employer **must** contact TRS.

I elect the following option with respect to the possibility of working more than 210 hours in the capacity of a substitute teacher or a part-time teacher's aide. Initial the appropriate box to indicate your selection.

(Initial) I prefer to have a deduction for Montana TRS made beginning on the first day of my service as a substitute teacher or a part-time teacher's aide. I have completed the 'Record For Membership' form.

(Initial) I prefer that no deductions for Montana TRS be made from my substitute teacher or part-time teacher's aide pay until I have completed 210 hours of service during the school year.

NOTE: After completing this form, please return it to the school business office to be retained by the employer.

Member's Signature

Date

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST