Teachers' Retirement System of Louisiana
8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
P.O. Box 94123 • Baton Rouge, LA 70804-9123
Telephone: (225) 925-6446 • Fax: (225) 925-4779
www.trsl.org

Form 10 (03/07)
03-10

Benefit Estimate Request

Type of retirement benefit estimate desired:

☐ Service

Date of birth: _____ / _____ / _____

☐ Initial Lump-Sum Benefit (must meet eligibility requirements for DROP)

☐ Disability retirement: Minor children? ☐ Yes ☐ No
If yes, please provide youngest child's date of birth. _____ / _____ / _____

Projected date of retirement: _____ / _____ / _____
(Must be within 36 months)

☐ DROP retirement (entering DROP)

☐ Retirement (after DROP)

To receive a retirement benefit estimate, print information requested below. When complete, refold, seal, affix stamp, and return to the Teachers' Retirement System of Louisiana. An estimate will be sent to your mailing address below. Please allow four to six weeks for a response. **Note:** An incomplete or improperly completed form will be returned to you.

Name _____ Social Security number [redacted]

Street / PO Box _____

City, state, zip _____

Work telephone ( ) – _____ Home telephone ( ) – _____

E-mail address _____

If you are interested in survivor options, please complete the following:

Beneficiary name _____ Beneficiary date of birth _____ / _____ / _____

I hereby understand that the figures I will receive are **estimated** and subject to change once final employer certifications are received when I retire. I also understand that no further estimates may be requested for at least 12 months.

Signature _____ Date of request _____ / _____ / _____

Visit www.trsl.org to use the benefits calculator for an unofficial estimate.

Send completed form to: Attention: Retirement Department
Teachers' Retirement System of Louisiana
PO Box 94123
Baton Rouge LA 70804-9123