



Request for Information from Teacher Retirement System of Texas

Form H1297 October 1991

The individual identified below has applied for medical assistance. The requested information will assist in determining this individual's eligibility. Your prompt response will be appreciated.

TO: Teacher Retirement System of Texas
Annuity Payroll Supervisor
1000 Red River
Austin, TX 78701-2698

FROM: [Dotted box for return address]

PART I — IDENTIFYING INFORMATION:

Form with fields: TRS Payee Name (First, Middle Initial, Last), Mailing Address, Payee Federal Tax No. or Social Security No., Type of Payee (TRS Member, Beneficiary of Deceased TRS Member), Other Information to Identify Account

Comments/Additional Information Needed: [Dotted box for comments]

Signature — HHSC Worker, Date, Telephone No., STS No.

PART II — RESPONSE:

Form with fields: \$ Gross Monthly Benefit, \$ Net Monthly Check Amount, \$ Amount of Income Taxes Withheld, \$ Other Deductions (please specify), Effective Date of Benefit

Additional Information Requested: [Dotted box for additional information]

Signature — TRS Official, Date, Telephone No.