

Request for Information from Teacher Retirement System of Texas

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:

TRS Payee Name (First, Middle Initial, Last)	
Mailing Address	
Payee Federal Tax No. or Social Security No.	Type of Payee <input type="checkbox"/> TRS Member <input type="checkbox"/> Beneficiary of Deceased TRS Member
Other Information to Identify Account	

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

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

PART II — RESPONSE:

\$ _____	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]

_____	_____	Telephone No.
Signature — TRS Official	Date	