



# Montana Teachers' Retirement System

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TRS Employer: Retain the employee's signed form in your personnel files.

## FORM 106: MEMBERSHIP ELECTION – SUBSTITUTE TEACHER or PART-TIME TEACHER'S AIDE/PARAPROFESSIONAL

Alternative accessible formats of this document will be provided upon request.

The purpose of and legal basis for this form are explained in the TRS Fact Sheet, *Substitute Teaching and Elective Membership Deferral*. This form **may not** be used for other short-term or temporary employees, such as coaches.

### EMPLOYER INSTRUCTIONS



**BEFORE PROVIDING THIS FORM** to an employee, follow the *TRS New Hire Procedure for Employers* to confirm the substitute teacher or part-time teacher's aide/paraprofessional:

- (1) is **not** an active or inactive TRS member with contributions on account,
- (2) is **not** currently a Montana University System Retirement Plan (MUS-RP) participant, and
- (3) is **not** a retired member of TRS.

**SCHOOL DISTRICT OFFICER'S CERTIFICATION** – *Complete only if the employee meets all three criteria above.*

By my signature below, I certify that \_\_\_\_\_ is eligible to make a TRS membership election on their first day of work.  
*First and Last name of employee*

I also understand the employee's signed election form must be retained permanently in the district office and that, if the employee elects to defer membership, the district is required to report all hours worked and all wages earned to TRS.

Certifying Officer's Printed Name	Certifying Officer's Title
Certifying Officer's Signature	Date

### NEW EMPLOYEE INFORMATION and TRS MEMBERSHIP ELECTION – *To be completed by the employee*

Your Full Name: First	Middle	Last
_____	_____	_____
XXX - XX - _____ Last 4 Digits of SSN	____/____/____ Birth Date (mm/dd/yyyy)	(____) _____ Telephone Number
Mailing Address: Street or P.O. Box	City	State
_____	_____	_____
		ZIP Code

**Read the following options, elect one option by entering your initials, then sign and date below.**

(Initial) I elect to **participate** as a member of TRS **beginning with my first day** of service. I understand that my employer will deduct contributions from my pay and will remit them to TRS on my behalf.

(Initial) I elect to **defer (postpone) membership in TRS until I have worked at least 210 hours** as a substitute teacher or part-time teacher's aide/paraprofessional in a fiscal year (July 1–June 30) for one or more TRS employers. I understand I will not accrue creditable service with TRS unless/until I become an active, contributing member.

**SIGN AND RETURN THIS FORM TO YOUR EMPLOYER** ▶ \_\_\_\_\_  
Signature

\_\_\_\_\_ Date