

Montana Teachers' Retirement System

P.O. Box 200139, Helena, MT 59620-0139 406-444-3134 • 866-600-4045 • trs.mt.gov TRS Employer: Retain the employee's signed form in your personnel files.

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

Alternative accessible form	ats of this document will be pro	vided upon request.		
PLEASE TYPE OR PRINT L	EGIBLY IN DARK INK N	EW EMPLOYE	E INFORMATION	
				X X X - X X -
Full Name: First	Middle	Last	Suffix (Jr., Sr., etc.)	Last 4 Digits of SSN
			/ /	()
Maiden or Other Name Previously Reported to TRS		5	Birth Date (mm/dd/yyyy)	Telephone Number
Mailing Address: Stree	t or P.O. Box	City	State	ZIP Code (use Zip+4 if known)
	-1	NSTRUCTIONS	FOR EMPLOYER –	
• is not already	a member or retiree of the	ne Montana Teac	acher or part-time teacher? chers' Retirement System, an ent Plan (MUSRP) participar	
`	nefits from TRS must be		ributions on account with TF heir first day of employment	RS and retired members who regardless of the number of
may elect <i>either</i> to they have provided	become members of TRS at least 210 hours (30 day	on their first days) of service in a	y of service or to defer (post)	re not TRS members or retirees cone) membership in TRS until membership is activated after contributing employees.
time teacher's aide/j deferral period. If it	paraprofessional who even	ntually becomes employee volui	vested in TRS has the right	nembership, the employer may
	EMPLOYEE QUE	STIONNAIRE	AND MEMBERSHIP ELEC	TION
For more informa	tion, read the TRS Fact S	heet, <i>Substitute</i>	Teaching and Elective Men	abership Deferral at trs.mt.gov.
(A) Are any of these	e statements true? If you n	nark any box in	(A), sign and date this form b	pelow. Do not complete (B).
I am an a	active or inactive TRS me	ember with contr	ributions on account with TR	S.
I am a re	tired member of TRS rec	eiving a monthly	y benefit.	
	active MUSRP / TIAA m MUS) <i>and</i> one or more T		work concurrently for a unit	of the Montana University
(B) If none of the st	atements in (A) apply, ma	ike a TRS memb	pership election by initialing	one box and signing below.
1 1	-	-	ng with my first day of servi	•
I elect to or part-ti	me teacher's aide/parapro	ofessional in a fi	scal year (July 1-June 30) for	210 hours as a substitute teacher one or more TRS employers. I an active, contributing member.
SIGN AND RETURN THIS FORM TO				

YOUR EMPLOYER ▶

Signature

Date