**RETIREMENT PLAN MEMBERSHIP DISCLOSURE**

(Attachment to BRCC Contract for Consulting, Professional, Personal or Social Services)

The following information is required to ensure compliance with earnable compensation reporting requirements of the Teachers Retirement System of Louisiana (TRSL). Member and employer contributions must be made on applicable IRS 1099 (Miscellaneous Income) contract earnings that meet specific criteria outlined by IRS.

**Section 1 – Demographic Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_

(Last, First, MI)

Address

Street/P.O. Box

City, State, Zip

**Section 2 – Retirement Membership Disclosure Information**

Indicate whether you are **currently a contributing/active member** of either of the following Louisiana public retirement systems through another employer.

**Yes No\_**

LASERS [ ] [ ]

TRSL [ ] [ ]

ORP (TRSL) [ ] [ ]

If yes, please provide name of institution. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes to any of the above, are you a vested member? **[ ] Yes [ ] No**

Indicate whether you are a **retiree/rehired retiree** of either of the following Louisiana public retirement systems.

**Yes No\_**

LASERS [ ] [ ]

TRSL [ ] [ ]

ORP (TRSL) [ ] [ ]

If yes, please provide name of institution. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3 – LCTCS / State Agency Membership Disclosure Information**

Are you currently an employee of any Louisiana Community and Technical College System institution? **[ ] Yes [ ] No**

Are you currently an employee of any State of Louisiana agency? **[ ] Yes [ ] No**

If you answered yes to any question above (section 3), you must provide the following information and attach it to the contract:

1. Appropriately approved Outside Employment Forms (per LCTCS & DOA policies)
2. Copy of current job description
3. Copy of agenda or program describing the presentation (if applicable).

If you were employed within the last two years by any institution within the LCTCS or the State of Louisiana, please provide the institution name and your last job title while employed at the institution.

Institution Name & Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify that the information provided on this form is true and correct.**

Contractor’s Signature Date