BENEFITS LETTER INQUIRY FORM

TEACHERS' RETIREMENT SYSTEM
OF THE CITY OF NEW YORK (TRS)
55 Water Street, New York, NY 10041
www.trsnyc.org • 1 (888) 8-NYC-TRS

(NOTE: Please print in black or blue ink, and initial any changes that you make on this form.)
PART A: All information must be provided.

First Name | MI | Last Name

Social Security Number (last 4 digits only) X X X – X X – ☐ ☐ ☐ ☐

Permanent Home Address | Apt. No.

TRS Membership/Retirement Number

City | State | Zip Code

Primary Phone Number (Check one: ☐ Home ☐ Work ☐ Mobile) (☐☐☐) ☐☐☐–☐☐☐☐

Alternate Phone Number (Check one: ☐ Home ☐ Work ☐ Mobile) (☐☐☐) ☐☐☐–☐☐☐☐

Please keep your personal information with TRS up to date. We will update our records based on the information you provide above, so *do not enter a temporary address*; instead, TRS suggests that you consult the U.S. Postal Service about having your mail forwarded on a temporary basis. To register any changes to your permanent address (and/or phone number), please access our website or file a "Member's Change of Address Form" (code DM13) with TRS.

If you are providing new information above, please indicate the effective date: ☐☐/☐☐/☐☐☐☐

- **Please complete this form if you are requesting a review of your Benefits Letter.**
- **Please attach a copy of your Benefits Letter, highlighting the information that you believe needs to be corrected. You should also attach supporting documentation.**

PART B: Please check off the area(s) of your Benefits Letter that should be corrected and write your corrections in the appropriate space provided; then sign and date this form below.

☐ Personal information (*e.g.,* incorrect or missing name, address, membership number, date of birth, and/or Social Security number):

☐ Beneficiary information (*e.g.,* incorrect or missing beneficiary information, such as name, relationship, sex, and/or date of birth):

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☐ Information used in your retirement allowance calculation (*e.g.,* incorrect or missing Final Average Salary, years of service, payment option, retirement date):

_____

_____

☐ Other:

_____

_____

IF YOU NEED MORE SPACE THAN IS PROVIDED ABOVE, PLEASE INCLUDE ANY ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER AND ATTACH IT TO THIS FORM.

MEMBER'S SIGNATURE _____DATE (M/D/Y) _____