



**HUMAN RESOURCES**  
 601 N Willis, PMB #8075  
 Stillwater, OK 74078  
 405.744.5449

**Oklahoma Teachers' Retirement System  
 Notification Form**

**This form must be completed by ALL employees**

Oklahoma Teachers' Retirement System (OTRS) regulations state that employees participating in OTRS through their full-time employer must also participate through their part-time employer. Example: an adjunct or temporary employee hired at OSU and who is a participating OTRS employee at Stillwater Public Schools would mark "YES" in the first section below and indicate Stillwater Public Schools for the name of the institution.

Regulations also require OSU to remit employer-paid contributions for any employee who is retired and currently receiving OTRS retirement income. **If you are one of these retirees, answer "YES" you are retired through OTRS.**

**If you have never participated in OTRS, mark "NO."**

**If you are unsure if you are a current participating member of OTRS, please contact OTRS at (877) 738-6365.**

For the above reasons, if you have a job or status change that could affect contributions to OTRS, please contact Human Resources to fill out another form.

YES, I participate in OTRS through my current or previous (please circle one) employer.

The name of the institution is: \_\_\_\_\_

I understand that per OTRS regulations, I must also contribute\* 7% of my pay to OTRS while also employed at OSU. \*only applicable if a current contributing OTRS member with another employer.

NO, I am NOT a participating member of OTRS through a full-time employer.

YES, I am an OTRS retiree, and currently receive a monthly retirement check from OTRS. Per OTRS regulation, OSU must pay a fee to OTRS for retirees that return to work. Retirees must also be aware of any earning limits and ensure they do not exceed this limit or risk penalties towards their OTRS retirement pension. Please contact OTRS if you have questions regarding your earning limits.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Employee ID**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**RETURN ORIGINAL FORM TO OSU BENEFITS, 601 N WILLIS, PMB #8075, STILLWATER, OK 74078**

FOR OFFICE USE ONLY. EFFECTIVE DATE: \_\_\_\_\_

- TRN, if current OTRS participant with another institution
- TRX, if retired from OTRS
- No action, if not a participant or retired with OTRS