TEXAS Health and Human Services

Request for Information from Teacher Retirement System of Texas

Form 1297
October 1991-E

The individual identified below has applied for medical assistance. The requested information will assist in determining this individual's eligibility. Your prompt response will be appreciated.

To:

Teacher Retirement System of Texas
Annuity Payroll Supervisor
1000 Red River
Austin, TX 78701-2698

From:

Part I — Identifying Information:

TRS Payee Name (First, Middle Initial, Last)	
Mailing Address	
Payee Federal Tax No. or Social Security No.	Type of Payee ☐ **TRS Member** ☐ **Beneficiary of Deceased TRS Member**
Other Information To Identify Account	

Comments/Additional Information Needed:

Telephone No.	STS No.

Signature — DADS Worker

Date

Part II — Response:

$ _____ Gross Monthly Benefit

$ _____ Net Monthly Check Amount

$ _____ Amount of Income Taxes Withheld

$ _____ Other Deductions (please specify): _____

$ _____ _____

_____ Effective Date of Benefit

Additional Information Requested:

Telephone No.

Signature — TRS Official

Date