



Welcome to Illinois Teachers' Retirement System

Please enter your Username and Password.

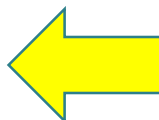
Username:

Password:

[Log In](#)

[Forgot Password?](#)

[New User? Register your Employer Number.](#)





Register Your Account

Please enter your Employer number and PIN (Personal Identification Number) issued after enrollment for ACH Debit Batch Payments.

Employer Number:

PIN:

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Create User Profile

In the Username Field, enter your e-mail address.

To establish your Password, please use the following format: At least 8 characters, at least 1 upper case letter, at least 1 lower case letter, at least 1 number, and at least 1 special character (example: @, \$, *, #).

Username and Password Information

Username: (ex: john.doe@taxpayer.com)

Confirm Username:

Password:

Confirm Password:

Contact Information

Contact Name:

Contact E-Mail:

Phone Number:

Security Questions

Question 1:

Answer:

Question 2:

Answer:

Question 3:

Answer:



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[Submit](#)



Registration Confirmation

Your User Profile has been successfully created.

If you require a permanent record of this profile creation, print this page for your future reference.

Username:

Employer Number:

[Add Employer Number](#)

[Make a Payment](#)



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Add Registration

To add a registration, enter the Employer number, PIN, and a Registration Description. Then click the "Submit" button.

Employer Number:

PIN:

Description:

[Submit](#)



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Select Payment Type

Please select one of the following payment types:

Please do not use the browser Navigational (Back or Forward) buttons, instead use the navigation buttons on the application page.

Payment Type:

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Please select . . .
Member and Employer Contribution
Teachers' Health Insurance Contribution
TRS Remittance Payment
THIS Fund Remittance Payment

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Payment Information

Please enter the following payment information.

Important Information: The payment effective date is the date your bank account will be debited and the date the Department will receive your payment. This must be a legal banking day.

For funds to be debited tomorrow, you must submit your payment prior to 4:00 PM Eastern Time.

Business Name:

Employer Number:

Contribution Type Description: Member and Employer Contribution

Fiscal Year: (format: CCYY)

Pay Period: (Value is 01 to 60)

Total Member TRS Contribution: (example: 1234.56)

Total Employer Contributions from Special Trust or Federal Earnings: (example: 1234.56)

Total Employer's Contributions for Member Benefit Increase: (example: 1234.56)

Bank Account Debit Date: (format: MMDDYY)

Total Amount: (example: 1234.56)

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Payment Verification

Please review the information below to verify that it is correct. If changes to this payment are needed, click the "Back" button.

Business Name:

Employer Number:

Contribution Type Description: Member and Employer Contribution

Fiscal Year: 2017

Pay Period: 01

Total Member TRS Contribution: 0.00

**Total Employer Contributions from
Special Trust or Federal Earnings:** 0.00

**Total Employer's Contributions for
Member Benefit Increase:** 0.00

Bank Account Debit Date: 071417

Total Amount: 0.00

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Payment Information

Please enter the following payment information.

Important Information: The payment effective date is the date your bank account will be debited and the date the Department will receive your payment. This must be a legal banking day.

For funds to be debited tomorrow, you must submit your payment prior to 4:00 PM Eastern Time.

Business Name:

Employer Number:

Contribution Type Description: Teachers'Health Insurance Contribution

Fiscal Year: (format:CCYY)

Pay Period: (Value is 01 to 60)

Total THIS Fund Contribution: (example: 1234.56)

Bank Account Debit Date: (format: MMDDYY)

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Payment Information

Please enter the following payment information.

Important Information: The payment effective date is the date your bank account will be debited and the date the Department will receive your payment. This must be a legal banking day.

For funds to be debited tomorrow, you must submit your payment prior to 4:00 PM Eastern Time.

Business Name:

Employer Number:

Contribution Type Description: TRS Remittance Payment

Bill Invoice Number: (format: 000000)

TRS Bill Section Number: Ex:00-must end in 0

Total TRS Bill Section Number Amount: (example: 1234.56)

Bank Account Debit Date: (format: MMDDYY)

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Payment Information

Please enter the following payment information.

Important Information: The payment effective date is the date your bank account will be debited and the date the Department will receive your payment. This must be a legal banking day.

For funds to be debited tomorrow, you must submit your payment prior to 4:00 PM Eastern Time.

Business Name:

Employer Number:

Contribution Type Description: THIS Fund Remittance Payment

Bill Invoice Number: (format: 000000)

THIS Fund Bill Section Number: Ex:05-must end in 5

Total THIS Fund Bill Section Amount: (example: 1234.56)

Bank Account Debit Date: (format: MMDDYY)

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Select Payment Type

Please select one of the following payment types:

Please do not use the browser Navigational (Back or Forward) buttons, instead use the navigation buttons on the application page.

Payment Type:

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Cancel Payment

To view payments, select a payment Employer number from the drop-down field and click the **Payments** link. To cancel a payment, click the **Cancel** icon next to the payment you wish to cancel.

[Make a Payment](#)[Cancel a Payment](#)[Payment History](#)

Please note: Cancellations must be performed before 4:00 PM Eastern Time at least one business day prior to the Payment Effective Date.

Employer Number:

Start Date:

End Date:

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Cancel Payment

To view payments, select a payment Employer number from the drop-down field and click "Search." To cancel a payment, click the Cancel icon next to the payment you wish to cancel.

Please note: Cancellations must be performed before 4:00 PM Eastern Time at least one business day prior to the Payment Effective Date.

Employer Number:

Start Date:

End Date:

[Search](#)

Total records displayed: 1 out of 1 Export to CSV Show All Available									
Drag a column header and drop it here to group by that column									
	Employer Number	Payment Date ▼	Payment Time (MT)	Contribution Type	Input Method ▼	Payment Amount	Bank Account Debit Date ▼	Reference Number	Status ▼
CANCEL	*****2001	07/13/2017	10:13 AM	MEMBER...	Web	\$.00	07/14/2017	30001	Scheduled
			1			Displaying items 1 - 1 of 1			

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Payment History

To view previously submitted payments, select an Employer number from the drop down

Employer Number:

Start Date:

End Date:

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Payment History

To view previously submitted payments, select an Employer number from the drop down

Employer Number:

Start Date:

End Date:

[Search](#)

[Make a Payment](#)

[Cancel a Payment](#)

[Payment History](#)

Total records displayed: 2 out of 2

[Export to CSV](#)

[Show All Available](#)

Drag a column header and drop it here to group by that column

Employer Number	Payment Date	Payment Time (MT)	Contribution Type	Input Method	Payment Amount	Bank Account Debit Date	Reference Number	Status
*****2001	07/13/2017	10:13 AM	MEMBER/...	Web	\$0.00	07/14/2017	30001	Scheduled
*****2001	05/03/2017	10:14 AM	MEMBER/...	Web	\$6.00	05/05/2017	30001	Settled



1

Displaying items 1 - 2 of 2

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Profile

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Please confirm the following information:

Account

Username:

[Change Password](#)

Contact Information

Name:

[Edit](#)

E-Mail:

Phone Number:

Security Questions

Question 1: In what city did you meet your spouse/significant other?

[Edit](#)

Question 2: What is the middle name of your oldest child?

Question 3: In what city did you honeymoon?



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Registration Maintenance

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[Registrations](#)

To associate additional Employer Numbers with your profile, click the Add New Employer Number button below. You may also view, edit, or delete Employer Numbers currently associated with your profile.

[Add New Employer Number](#)

1 Registration(s) returned:

Employer Number	Description	
	INITIAL REGISTRATION	View Edit Delete

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Possible Duplicate Payment Detected

The payment details you entered match a payment already entered into the system. To continue submitting this payment, check the "Override Duplicate Payment" check box and click the "Submit Duplicate" button.

Errors

****THIS RETURN CODE RESERVED FOR PC/WEB DUPLICATE LOGIC - DO NOT USE ****

Business Name:

Employer Number:

Contribution Type Description: Member and Employer Contribution

Fiscal Year: 2017

Pay Period: 01

Total Member TRS Contribution: 0.00

Total Employer Contributions from
Special Trust or Federal Earnings: 0.00

Total Employer's Contributions for
Member Benefit Increase: 0.00

Bank Account Debit Date: 071417

Total Amount: 0.00

Override Payment: ☐

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