

**TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS**

2815 W Washington | PO Box 19253 | Springfield IL 62794-9253

R. Stanley Rupnik, Executive Director

employers@trsil.org | <http://www.trsil.org>

SUPPLEMENTAL SAVINGS PLAN 888-678-3675 | FAX: 217-753-0969

**SSP Authorized Contact Form**

All official communications from the Employer to the System shall be directed to the attention of the following:

Teachers' Retirement System of the State of Illinois  
Attention: Employer Services Department  
2815 W. Washington, P.O. Box 19253, Springfield, IL 62794-9253  
Telephone Number: (877) 927-5877  
Email: **employers@trsil.org**

All official communications from the System to the Employer shall be directed to the attention of the following:

Employer:	Attention:
Address:	Telephone Number: (     )
FAX Number: (     )	Email:

The following individuals are authorized to represent and act on behalf of the Employer for all purposes related to the Employer's participation in the Teachers' Retirement System of the State of Illinois Supplemental Savings Plan.

Contact Name:	
Title:	
Telephone Number: (     )	Email Address:
Signature:	
Date:	

Contact Name:	
Title:	
Telephone Number: (     )	Email Address:
Signature:	
Date:	

Contact Name:	
Title:	
Telephone Number: (     )	Email Address:
Signature:	
Date:	

Contact Name:	
Title:	
Telephone Number: (     )	Email Address:
Signature:	
Date:	

The Employer agrees that the System is entitled to rely on this Appendix A, and shall be held harmless in doing so, until such time that the Employer submits a revised Appendix A to the System.

**The undersigned represents that he or she is an authorized representative of the Employer with authority to sign the SSP Participation Agreement and this Appendix A on the Employer's behalf.**

Signature:	Date:
Print Name:	Title:
Telephone Number: (      )	Email Address: