

Chapter Four: Employer Payments

Employer remittances have two categories:

- contributions that are due to TRS based upon the payroll schedule the employer has submitted to TRS, referred to as “Pay period contributions.”
- payments due to TRS that are shown on the monthly online Employer Bill, referred to as “Billed amounts.”

Pay period contributions

Contribution types and rates

Employers remit five types of contributions after a payroll has been issued:

- member TRS retirement contributions
- employer TRS contributions for member benefit increases
- employer TRS contributions on salaries paid from federal funds
- member Teachers’ Health Insurance Security (THIS) Fund contributions
- employer Teachers’ Health Insurance Security (THIS) Fund contributions

The contribution rates are as follows:

Contribution type	7-1-12 through 6-30-13	7-1-13 through 6-30-14	7-1-14 through 6-30-15	7-1-15 through 6-30-16	7-1-16 through 6-30-17	7-1-17 through 6-30-18	7-1-18 through 6-30-19
Member TRS retirement contribution	9.4%	9.4%	9.4%	9.4%	9.0%	9.0%	9.0%
Employer TRS contribution for member benefit increase	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%
Employer TRS contribution on federally-funded salaries*	28.05%	35.41%	33.0%	36.06%	38.54%	10.10%	9.85%
Member THIS (insurance) contribution	0.92%	0.97%	1.02%	1.07%	1.12%	1.18%	1.24%
Employer THIS (insurance) contribution	0.69%	0.72%	0.76%	0.80%	0.84%	0.88%	0.92%

Remittance procedures are discussed beginning on page 7.



Member TRS retirement contributions

(40 ILCS 5/16-152)

All active TRS members are required to contribute 9.0 percent of their creditable earnings to TRS. Legislative factors may increase or decrease the rates. The contribution is used for the following purposes:

- retirement annuity - 7.5 percent
- automatic annual increases in annuity - 0.5 percent,
- death benefits - 1 percent

The contribution was:

Rate	Effective Date
8.0%	July 1, 1971 through June 30, 1998
9.0	July 1, 1998 through June 30, 2005
9.4	July 1, 2005 through June 30, 2016
9.0	July 1, 2016

While the contribution is a member obligation, the employer may agree to pay this contribution for the member as a benefit. Member TRS contributions are tax exempt and must be excluded from the employee's taxable income.

Employer TRS contributions for member benefit increases

(40 ILCS 5/16-158)

Employer contributions are provided by the state of Illinois and TRS-covered employers.

- The state of Illinois contributes to TRS on behalf of employers under the continuing appropriation law. The contribution is adjusted annually. The state of Illinois remits these contributions directly to TRS.
- TRS-covered employers contribute 0.58 percent of creditable earnings.

The 0.58 percent of creditable earnings contributed by the employer to TRS is identified as the "employer TRS contribution for member benefit increase." It was created in 1998 as part of the 2.2 legislation. Because implementation of the 2.2 retirement formula meant that TRS would pay higher benefits to annuitants, the legislation had to provide additional funding sources. As a result, the member contribution rate increased, the state of Illinois contributions increased, and the new employer contribution was created.

The contribution was:

Rate	Effective Date
0.3%	July 1, 1998
0.58	July 1, 1999
0.18	January 1, 2002
0.58	July 1, 2003



Employer TRS contributions on salaries paid from federal funds

(40 ILCS 5/16-158)

An employer contribution is due on any portion of a member's salary that is creditable earnings and paid from special trust or federal funds, including stipends and substitute pay, administered by the employer. The employer contribution for federally-funded salary must be paid in addition to (not in lieu of) the member TRS retirement contribution and the employer TRS contribution for member benefit increases.

The contribution was:

Rate	Effective Date
10.50%	through June 30, 2005
7.06	July 1, 2005
9.78	July 1, 2006
13.11	July 1, 2007
17.08	July 1, 2008
23.38	July 1, 2009
23.10	July 1, 2010
24.91	July 1, 2011
28.05	July 1, 2012
35.41	July 1, 2013
33.00	July 1, 2014
36.06	July 1, 2015
38.54	July 1, 2016
10.10	July 1, 2017
9.85	July 1, 2018

Examples of programs paid from federal funds include, but are not limited to:

- Title I (programs include Low Income and Migrant Education)
- Title II (programs include Teacher Quality and Math and Science Initiative)
- Title III (programs include Immigrant Education Program and LIPLEP)
- Title IV (programs include 21st Century)
- Title VI (programs include Rural Education Initiative)
- Special Education I.D.E.A. (programs include Flow Through and Preschool Flow Through)
- Race to the Top
- Carl D. Perkins Vocational Education Act

Do not include earnings paid from state or federal funds provided under Title XX for adult and youth education classes for persons whose schooling has been interrupted.



Health insurance (THIS Fund) contributions

(5 ILCS 375/6.6)

Effective July 1, 1995, all active TRS members, including substitute and part-time teachers who are not employees of a state agency covered by the state employees' health plan, are required to make contributions to the Teachers' Health Insurance Security (THIS) Fund.

The member THIS Fund contribution was:

Rate	Effective Date
0.50%	July 1, 1995
0.65	January 1, 2002
0.75	July 1, 2003
0.80	July 1, 2005
0.84	July 1, 2007
0.88	July 1, 2010
0.92	July 1, 2012
0.97	July 1, 2013,
1.02	July 1, 2014
1.07	July 1, 2015
1.12	July 1, 2016
1.18	July 1, 2017
1.24	July 1, 2018

While the contribution is a member obligation, the employer may agree to pay the contribution for the member as a benefit.

Effective January 1, 2002, the member THIS Fund contributions are tax exempt and must be excluded from the employee's taxable income.

An employer THIS Fund contribution became effective January 1, 2002.

The contribution was:

Rate	Effective Date
0.40%	January 1, 2002
0.50	July 1, 2003
0.60	July 1, 2005
0.63	July 1, 2007
0.66	July 1, 2010
0.69	July 1, 2012
0.72	July 1, 2013
0.76	July 1, 2014
0.80	July 1, 2015
0.84	July 1, 2016
0.88	July 1, 2017
0.92	July 1, 2018



Member and employer THIS Fund contributions support the Teachers' Retirement Insurance Program (TRIP). TRS acts as a service agent for the Department of Central Management Services (CMS) for the collection of THIS Fund contributions. THIS Fund contributions cannot be commingled with TRS assets. Therefore, THIS Fund contributions must be remitted separately and **cannot** be transferred to or from other TRS contribution accounts.

TRS annuitants who return to teaching after retirement do not pay member TRS or THIS Fund contributions unless they exceed the post-retirement employment limitations. See Chapter 10, Post-Retirement Matters, for more information on post-retirement employment limitations.

Employer payroll schedule

Each April, all contributing employers (except state agencies) are asked to complete an online Payroll Schedule form. An example is available on page 12. After signing in to the secure Employer Access area of the TRS website, the Payroll Schedule form is available by selecting "Payroll Schedule" from the left navigation bar.

On the Payroll Schedule form, employers should enter the upcoming fiscal year's payroll dates for TRS-covered employees' (teachers and administrators).

After saving the payroll dates, employers may view and print a Pay Period Schedule Report. An example is available on page 13. The Pay Period Schedule Report shows the reported payroll dates and can be used by employers to record remittance information. If any payroll dates change, employers may make updates online until August 31. The updates are entered on the Update Payroll Schedule form. An example is available on page 14. A corrected Pay Period Schedule Report can be printed. If updates are needed after August, employers should contact the TRS Accounting Department by calling (888) 678-3675, option 2, or by email at employers@trsill.org.

Employers may also view the district's contact information and may enter and save changes as needed.

Contribution due dates

Employer remittance of member and employer contributions for salary paid between the 1st and 15th of the month is due by the 25th of the month. Remittance for salary paid between the 16th and the last day of the month is due by the 10th of the following month. All contributions for the school year ending June 30 are due by **July 10**.

TRS will assess a penalty if contributions are not received by the due date. To avoid a penalty assessment, the transaction must be completed by 3:30 p.m. (Central Standard Time) at least one banking business day prior to the due date. Contributions must be remitted electronically. See page 7. If no amount is due for a pay period, a transaction for zero dollars should be submitted.

If remittances are not received within 90 days of the due date, TRS is authorized to take action to collect the amounts by filing a claim with the Office of the State Comptroller against any future state funds due to the employer (40ILCS 5/16-158.1).



Billed amounts

On approximately the 26th of each month, employers are notified via email that the Employer Bill is available online in the Employer Access area of the TRS website. After the employer logs in to the Employer Access area, the bill is accessed by selecting “Billing” from the left navigation bar.

An invoice number is shown on the bill. The bill is separated into sections. The number is even for amounts due to TRS and odd for amounts due to THIS Fund.

Employers have the capability to edit billed items when they will not be paying the billed amount. This is required so TRS can correctly apply the amount paid.

Employer Retirement Costs

Section 20 lists amounts due from the employer because of members retiring and the employer contributions due for salary in excess of the governor’s statutory salary. The two categories of employer retirement costs are Excess Sick Leave and Excess Salary Increase. These amounts due are further explained in Chapter 8.

Employer Pay Insurance

Section 25 lists the monthly premiums some employers have agreed to pay for their retired teachers’ health insurance.

Penalties/Other

Section 30 lists penalties owed to TRS. Penalties are assessed for late pay period contribution remittances, for the employer under-remitting the previous school year’s pay period remittances based on the Annual Report of Earnings (referred to as “report difference”), and for submitting the Annual Report of Earnings after the August 15 due date. The type of penalty, the due date, and date of receipt are shown on the bill.

The late contribution penalty is the greater of the interest TRS would have earned if the contributions had been received by the due date, or \$50. Currently, TRS charges 7.0 percent interest per annum for late payment. This amount is subject to change annually.

The report difference penalty is calculated the same way. By law, July 10 is the last day to deposit contributions for the previous fiscal year (40 ILCS 5/16-155). Payments TRS receives after July 10 are subject to the report difference penalty.

The late Annual Report penalty only applies to reports submitted after August 15 and is \$250 per day from August 16 until it is submitted.

After the Annual Report is submitted, the employer can send a penalty waiver request to the TRS Employer Services Department. The request should indicate why the due date was not met and should include any supporting documentation.

Adjustment to Earnings

Sections 40 and 45 list contributions owed to TRS and THIS Fund, respectively, because of an adjustment to earnings (ATE) to a member’s previous school year earnings. Member accounts (service credit and creditable earnings) will not be updated until ATE amounts are paid in full.



Report Difference Contributions

Sections 50 and 55 list contributions owed to TRS and THIS Fund, respectively, because prior fiscal year contributions were underpaid. Amounts due are calculated after the Annual Report of Earnings is reviewed. TRS transfers any overpaid TRS contributions to underpaid TRS contributions so only remaining underpayments are shown on the Employer Bill. Any remaining overpayments are refunded to the employer.

Billed item due dates

Billed amounts are due upon receipt of the bill. Do not prepay items that will appear on the Employer Bill. Billed amounts must be remitted electronically. Remittance procedures follow.

Remitting payments to TRS

Pay period contributions and billed amounts must be remitted electronically via touch-tone telephone or the Internet. Only payments requiring an employer payment coupon, such as employer payment of a member's 2.2 or optional service cost, can be paid by check. (See Chapter 7, Optional Service Credit and Payment Options.)

Whether employers remit by phone or Internet, transactions must be completed by 3:30 p.m. (Central Standard Time) at least one business banking day prior to the due date in order for the payment to be considered timely.

How the electronic funds transfer (EFT) system works

EFT enrollment and banking changes

New employers must complete the Electronic Funds Transfer Form (see page 15) to initiate the necessary EFT banking relationship. This form is available on the TRS website. The new employer should mark "Add New Account" at the top of the form and provide all of the requested information.

The Electronic Funds Transfer Form is also used to submit banking information changes to TRS. The employer should mark "Notice of Change" at the top, complete the necessary information, note the effective date, sign and date the form, then fax the form to the TRS Accounting Department at (217) 753-0969.

Personal identification number (PIN)

Whether employers remit by phone or the Internet, the same personal identification number (PIN) is used. However, the phone must be used to change or establish a PIN. To start, call (800) 230-1107. Enter the employer number and PIN, then select option 6 to submit the desired change. The PIN should be securely kept because it provides access to the system.

Information needed for a remittance

Whether employers remit by phone or the Internet, the required data input script the employer follows is identical. To make a payment, employers need the TRS employer number (TRS code), PIN, and information for the type of payment the employer is making, such as the fiscal year, pay period, bill invoice and section numbers, and dollar amounts. Employers may remit multiple pay periods or multiple contribution types in the same session.



Option types on the EFT data input script

- **Option 1 – Member and Employer Contributions:** used for pay schedule remittances of member TRS retirement contributions, employer TRS contributions for member benefit increases, and employer TRS contributions on salaries paid from federal funds.
- **Option 2 – Teachers’ Health Insurance Contributions:** used for pay schedule remittances of member and employer THIS Fund contributions.
- **Option 3 – TRS Remittance Payment:** used for all TRS Employer Bill remittances. Enter the bill section and invoice number shown on the bill. If employers have amounts due for more than one bill section, each amount needs to be entered separately.
- **Option 4 – THIS Fund Remittance Payment:** used to pay THIS Fund Employer Bill amounts. Enter the bill section and invoice number shown on the bill. If employers have amounts due for more than one bill section, each amount needs to be entered separately.

Telephone remittance

Dial (800) 230-1107 and follow the prompts on the script – see pages 16 and 17. A five-digit reference number will be assigned to each completed transaction and should be recorded, along with the debit date, on the Pay Period Schedule Report (example on page 13). The system is available 24 hours a day, seven days a week, including holidays.

To inquire about or cancel a payment, dial the 800 number shown above and select option 5 after entering the employer number and PIN. Employers will be connected with an operator who can access their account information.

Internet remittance

The employer’s computer should use either the latest version of Internet Explorer or Firefox, and a screen resolution of 1024 x 768 is recommended. The system is available 22 hours a day (with a nightly maintenance window), seven days a week. The most advanced security available is used to ensure the privacy of payment information and all transactions are conducted over a Secure Sockets Layer (SSL) connection secured with 128-bit encryption. The system uses a time out feature — employers will automatically be logged off if the system is inactive for five minutes.

To make an Internet payment:

- Access the TRS website at <https://www.trsil.org> and sign in to the secure Employer Access area.
- After signing in to the Employer Access area, select “Online Payments” from the left navigation bar.
- Enter the employer number and PIN (personal identification number) on the Log On screen, then select “Log On.”
- On the Select Payment Type screen (example follows), choose the desired payment option. These options correspond to the options available on the EFT telephone script.
- On the Make a Payment screen (example follows), enter the appropriate values in the displayed fields and select “Continue.”



- On the Confirm Payment Information screen (example follows), review the information for accuracy. If it is correct, select the “Submit Payment” button. If it is incorrect, select the “Edit Payment” button to make changes.
- The employer reference number will be shown on the Payment Acknowledgement screen. Print this page as a receipt for the payment (or, employers may capture the printer friendly file to save it to a location of their choice). If another payment is necessary, select “New Payment.” Otherwise, select “Log off.”

To inquire about or cancel a payment (example follows), after entering the employer PIN, from the left navigation bar select on “Cancel a payment” or “Payment Inquiry.” The payment history will be displayed with available cancellation options. Please be aware that time frame limits do exist for the cancellation and inquiry options.

Payment warehousing

The EFT system allows employers to “warehouse” payments by specifying a future debit date. The date can be up to 30 days in the future for TRS and THIS Fund contributions (options 1 and 2).

Account information

Remittances, as well as other account activity, can be viewed from the TRS website. After signing in to the secure Employer Access area, select “Accounts” from the left navigation bar. Various reports are also available by selecting “Reports” from the menu. TRS recommends that employers use these online features to ensure that payments have been applied as intended. In addition, the information can aid the employer when completing the Annual Report of Earnings.





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:

Please select . . .

- Member and Employer Contribution
- Teachers Health Insurance Contribution
- TRS Remittance Payment
- THIS Fund Remittance Payment

Next



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: MMDYY)

Total Amount: (example: 1234.56)

Back Next



Employer Services  **TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS** <https://www.trsil.org> **Welcome to TRS!**

Home | **Payments** ▼ | Account ▼ | Help ▼ | Logout

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: [Redacted]

Employer Number: [Redacted]

Contribution Type Description: Member and Employer Contribution

Fiscal Year: 2018

Pay Period: 01

Total Member TRS Contribution: 100.00

Total Employer Contributions from Special Trust or Federal Earnings: 50.00


Total Employer's Contributions for Member Benefit Increase: 25.00

Bank Account Debit Date: 081017

Total Amount: 175.00

[Back](#) [Submit](#)

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Home | **Payments** ▼ | Account ▼ | Help ▼ | Logout

Payment History

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

Employer Number:

Start Date:

End Date:

[Search](#)

Total records displayed: 6 out of 6 [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
	08/04/2017	01:00 PM	TEACHER...	Web	\$1.00	08/10/2017	40006	Scheduled
	08/04/2017	12:57 PM	MEMBER/...	Web	\$13.00	08/10/2017	40005	Scheduled
	08/01/2017	02:39 PM	MEMBER/...	Web	\$1.00	08/03/2017	10012	Cancelled
	08/01/2017	12:14 PM	MEMBER/...	Web	\$0.00	08/03/2017	10008	Settled
	08/01/2017	08:55 AM	MEMBER/...	Web	\$100.00	08/10/2017	10005	Cancelled
	07/13/2017	10:13 AM	MEMBER/...	Web	\$0.00	07/14/2017	30001	Settled

Displaying items 1 - 6 of 6

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Payroll Schedule

School Year:

	1 st Pay	2 nd Pay	3 rd Pay	4 th Pay	5 th Pay
July:					
August:					
September:					
October:					
November:					
December:					
January:					
February:					
March:					
April:					
May:					
June:					

[Pay Period Schedule Report](#) 

Please contact the Accounting Department at (888) 678-3675, option 2 or employers@trsill.org if changes are necessary.



TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS



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 Richard W. Ingram, Executive Director
 employers@trsil.org | http://www.trsil.org
 ILLINOIS 888-678-3675 | FAX: 217-753-0969

**Pay Period Schedule Report
 for 07/01/2018 – 06/30/2019**

This report serves as a guide for the information you are required to enter when remitting payroll period contributions via EFT for the 2015-16 school year.

Payment Information:

- Multiple pay periods or multiple contribution types may be remitted in the same session.
- If no contributions are due for a pay period, submit a zero remittance so the payment is not considered delinquent.
- Use pay period 60 at the end of the school year when remittances have been made for all reported pay periods but additional contributions are due.
- The debit date must be a valid business banking day; it cannot be a weekend or federal holiday. A future debit date up to 30 days in advance may be entered.
- To be considered timely, remittances must be completed by 3:30 p.m. (Central Time) at least one business banking day before the payment due date. However, if the due date falls on a weekend, a federal holiday, or the day following a weekend or federal holiday, the remittance must be completed by 3:30 p.m. on the last business banking day before the weekend or federal holiday (the debit date must be the next business day).

999-9999

School District A

District Payroll Date	Payment Due Date	EFT Option	Fiscal Year	Pay Period	Member TRS Contributions	Employer Federal Funds Contributions	Employer Contributions for Member Benefit Increase	THIS Fund Contributions	Total	Debit Date	Reference Number
07/14/19	07/25/19	1	2019	01							
		2									
07/28/19	08/10/19	1	2019	02							
		2									
08/15/19	08/25/19	1	2019	03							
		2									
08/27/19	09/10/19	1	2019	04							
		2									
09/15/18	09/25/18	1	2019	05							
		2									
09/29/18	10/10/18	1	2019	06							
		2									



Update Payroll Schedule

School Year: 2018-19

	1 st Pay	2 nd Pay	3 rd Pay	4 th Pay	5 th Pay
July:	<input type="text" value="1"/>	<input type="text" value="15"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
August:	<input type="text" value="1"/>	<input type="text" value="15"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
September:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
October:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
November:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
December:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
January:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
February:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
March:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
April:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
May:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
June:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Save Cancel



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**Electronic Funds
Transfer Form**

Employer Number (7 digits) _____

Employer Name (please print) _____
(25- character maximum: name as it should appear for ACH presentation to your financial institution and to TRS.)

Check the appropriate box and indicate the effective date.

- Add New Account (new employer) Effective Date _____
- Notice of Change (different banking information)
- Delete Account (no longer a valid employer)

ABA/Routing # (9 digits) _____ Checking Savings
(Identifies the financial institution where the employer's account is maintained; can be found in the bottom MICR line of the employer's check.)

Bank Account # (17-digit maximum) _____
(Account number used to pay the remittance; typically, the second number in the bottom MICR line of the employer's check. Do not include the check number.)

Daily Debit Maximum (optional) \$ _____

Teachers' Retirement System (the 'System') is hereby authorized to present debit entries, which the employer through its authorized agent originates, to the bank account identified above and the bank is authorized to debit such account for the payment(s). The employer's participation in the EFT program is mandatory and subject to the rules and regulations issued by the System, as amended from time to time. The person who executes this form on behalf of the employer represents to the System that he or she is authorized to do so.

Signature of Responsible Business Official _____ Title _____ Date _____

Please fax the completed form to the TRS Accounting Department at (217) 753-0969. Thank You.

DO NOT COMPLETE THIS SECTION (Internal Use Only)

Level I#	Level II#	Location # & Disc Data B	PIN(Disc Data G) (For NEW Only)
6 2 7 9			
Member/Employer Contribution:	0 1	7 Digit Employer Number	Y0000
Teachers' Health Insurance Security Fund:	0 2	7 Digit Employer Number	Y0000
TRs Remittance:	0 4	7 Digit Employer Number	Y0000
THIS Fund Remittance:	0 5	7 Digit Employer Number	Y0000

06002015 3/07



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**Instructions for Employer
Electronic Funds Transfer (EFT)**

SYSTEM INSTRUCTIONS

- The system is available to you 24 hours a day, seven days a week, including weekends and holidays.
- To be considered timely, calls must be completed **by 3:30 p.m.** (Central Time) at least one business banking day before the payment due date.
- **You must enter the date you would like your bank account debited.** You may specify a future bank account debit date. This date cannot be a weekend or Federal Reserve Bank holiday and must be at least one business day in the future. For pay period contributions (options 1 and 2), you have up to 30 days in the future to settle. For billed items (options 3 and 4), you may designate up to 40 days in advance.
- You may remit multiple pay periods or multiple contribution types in the same phone call.

Please have the following information ready before calling.

- For **ALL** remittances:
 - 7-digit employer ID number
 - PIN code
 - Amount(s), as dollars and cents
 - Bank account debit date (6-digit MMDDYY)
- **AND** for pay period contributions you will **also** need:
 - Employer Pay Period Schedule Report
 - Fiscal year (4-digit CCYY)
 - Pay period (values 01-60, inclusive)
- **OR** for billed items you will **also** need:
 - Bill invoice number and bill section number

Call toll-free: (800) 230-1107

1. System: Welcome to the Teachers' Retirement System of the State of Illinois. Please press 1 now.
Employer: 1.
2. System: Please press the pound (#) sign after each entry to speed your call.
3. System: Please enter your 7-digit employer number.
Employer: _____ #.
4. System: Enter your PIN code.
Employer: _____ #
5. System: To make a *member and employer contribution*, press 1. To make a *Teachers' health insurance contribution*, press 2. To pay *TRS billed items*, press 3. To pay *THIS Fund billed items*, press 4. To perform a cancellation or inquiry about a payment, press 5. For a PIN code change, press 6.
Employer: ___ #.
System: 1# - proceed to step 6a – Option 1
2# - proceed to step 6a – Option 2
3# - proceed to step 6a – Option 3
4# - proceed to step 6a – Option 4
5# - hold for operator assistance
6# - follow along as prompted

Online form 06002025 1/12 **For assistance, please contact the TRS Accounting Department at (888) 678-3675 from 8:30 a.m. to 4:30 p.m.**



<p>Option 1 - For Member and Employer Contributions: (Refer to Employer Pay Period Schedule Report.)</p> <p>6a. System: Enter the fiscal year for which you are remitting contributions. Employer: ___ ___ ___ # (CCYY)</p> <p>6b. System: Enter the pay period. Employer: ___ #</p> <p>6c. System: Enter the total member TRS contributions. Employer: \$ _____ . _____ #</p> <p>6d. System: Enter the total employer contributions from special trust or federal earnings. Employer: \$ _____ . _____ #</p> <p>6e. System: Enter the total employer's contributions for member benefit increase. Employer: \$ _____ . _____ # System: Your TOTAL for <u>all</u> amounts entered is: _____ dollars and _____ cents. To accept, press 1. To correct and re-enter (all amounts), press 2. Employer: 1# (accept) – proceed with steps #7, 8, 9. 2# (correct) – return to step #6a and re-enter.</p>	<p>Option 2 - For Teachers' Health Insurance Contribution: (Refer to Employer Pay Period Schedule Report.)</p> <p>6a. System: Enter the fiscal year for which you are remitting contributions. Employer: ___ ___ ___ # (CCYY)</p> <p>6b. System: Enter the pay period. Employer: ___ #</p> <p>6c. System: Enter the TOTAL member and employer THIS Fund contribution amount (in dollars and cents). Employer: \$ _____ . _____ # System: You entered: _____ dollars and _____ cents. To accept, press 1. To correct and re-enter, press 2. Employer: 1# (accept) – proceed with steps #7, 8, 9. 2# (correct) – return to step #6a and re-enter.</p>
<p>Option 3 - For Payment from a TRS bill:</p> <p>6a. System: Enter the bill invoice number of the bill you are paying from. Employer: ___ ___ ___ ___ #</p> <p>6b. System: Enter the TRS bill section number for which you are making payment. Employer: ___ #</p> <p>6c. System: Enter the dollar amount for the TRS bill section number. Employer: \$ _____ . _____ # System: You entered: _____ dollars and _____ cents. To accept, press 1. To correct and re-enter, press 2. Employer: 1# (accept) – proceed with steps #7, 8, 9. 2# (correct) – return to step #6a and re-enter.</p>	<p>Option 4 - For Payment from a THIS Fund bill:</p> <p>6a. System: Enter the bill invoice number of the bill you are paying from. Employer: ___ ___ ___ ___ #</p> <p>6b. System: Enter the THIS Fund bill section number for which you are making payment. Employer: ___ #</p> <p>6c. System: Enter the dollar amount for the THIS Fund bill section number. Employer: \$ _____ . _____ # System: You entered: _____ dollars and _____ cents. To accept, press 1. To correct and re-enter, press 2. Employer: 1# (accept) – proceed with steps #7, 8, 9. 2# (correct) – return to step #6a and re-enter.</p>

7. System: Enter the date you would like your bank account debited (required).
Employer: ___ ___ ___ ___ # (MMDDYY).
System: You entered a debit date of _____.
To accept, press 1. To correct and re-enter, press 2.
Employer: 1# (accept) - proceed with step #8.
2# (correct) - return to step #7.
8. System: Thank you. Your contribution has been accepted. Your reference number is _____.
Repeating, your reference number is _____.
9. System: To disconnect, press 1. To continue, press 2.
Employer: 1# - Thank you for using the Teachers' Retirement System.
2# - To report for the same employer number, press 1. (Returns to step #5.)
To report for a different employer number, press 2. (Returns to step #3.)

