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:  

Back  Next
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: Please select...
Answer: 

Question 2: Please select...
Answer: 

Question 3: Please select...
Answer: 

Type the Moving Letters

Back  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
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
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 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: YYYY)

Pay Period: [ ] (Value is 01 to 60)

Total Member TRS Contribution: 0.00 (example: 1234.56)

Total Employer Contributions from Special Trust or Federal Earnings: 0.00 (example: 1234.56)

Total Employer’s Contributions for Member Benefit Increase: 0.00 (example: 1234.56)

Bank Account Debit Date: [ ] (Format: MMDDYYYY)

Total Amount: 0.00 (example: 1234.56)
## Payment Verification

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

<table>
<thead>
<tr>
<th>Business Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Number:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contribution Type Description:</th>
<th>Member and Employer Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal Year:</td>
<td>2017</td>
</tr>
<tr>
<td>Pay Period:</td>
<td>01</td>
</tr>
<tr>
<td>Total Member TRS Contribution:</td>
<td>0.00</td>
</tr>
<tr>
<td>Total Employer Contributions from Special Trust or Federal Earnings:</td>
<td>0.00</td>
</tr>
<tr>
<td>Total Employer's Contributions for Member Benefit Increase:</td>
<td>0.00</td>
</tr>
<tr>
<td>Bank Account Debit Date:</td>
<td>07/14/17</td>
</tr>
<tr>
<td>Total Amount:</td>
<td>0.00</td>
</tr>
</tbody>
</table>
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:  

Pay Period:  

Total THIS Fund Contribution: 0.00  

Bank Account Debit Date:  

Back  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: TRS Remittance Payment

Bill Invoice Number: 

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

Total TRS Bill Section Number Amount: 

Bank Account Debit Date: (format: MMDDYY)
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 be in 5)
Total THIS Fund Bill Section Amount: 0.00 (example: 1234.56)
Bank Account Debit Date: ___________________________ (format: MMDDYY)

Back  Next
Select Payment Type

Please select one of the following payment types:

Payment Type: Please select...

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

Next
Cancel Payment

To view payments, select a payment Employer number from the drop-down field and click the Search button. 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: Please select...

Start Date: 04/14/2017

End Date: 07/13/2017

Search

Go to top of page
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: 002/001
Start Date: 04/14/2017
End Date: 07/13/2017

Search

Total records displayed: 1 out of 1  Export to CSV  Show All Available

<table>
<thead>
<tr>
<th>Employer Number</th>
<th>Payment Date</th>
<th>Payment Time (MT)</th>
<th>Contribution Type</th>
<th>Input Method</th>
<th>Payment Amount</th>
<th>Reference Number</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>xxxxx2001</td>
<td>07/13/2017</td>
<td>10:13 AM</td>
<td>MEMBER...</td>
<td>Web</td>
<td>$0.00</td>
<td>30001</td>
<td>Scheduled</td>
</tr>
</tbody>
</table>

Go to top of page

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Payment History

To view previously submitted payments, select an Employer number from the drop down and enter Start and End dates. Click Search.

Employer Number: Please select...
Start Date: 04/14/2017
End Date: 07/13/2017

Search

Go to top of page

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Privacy Policy
## Payment History

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

**Employer Number:**

**Start Date:** 04/14/2017

**End Date:** 07/13/2017

---

<table>
<thead>
<tr>
<th>Employer Number</th>
<th>Payment Date</th>
<th>Payment Time (MFT)</th>
<th>Method</th>
<th>Payment Amount</th>
<th>Bank Account Debit Date</th>
<th>Reference Number</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>*****2001</td>
<td>07/13/2017</td>
<td>19:13 AM</td>
<td>Member...</td>
<td>S 00</td>
<td>07/14/2017</td>
<td>30001</td>
<td>Scheduled</td>
</tr>
<tr>
<td>*****2001</td>
<td>05/03/2017</td>
<td>19:14 AM</td>
<td>Member...</td>
<td>$6 00</td>
<td>05/05/2017</td>
<td>30001</td>
<td>Settled</td>
</tr>
</tbody>
</table>

Go to top of page
Profile

Please confirm the following information:

Account

Username:

Contact Information

Name:

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? Edit

Question 3: In what city did you honeymoon? Edit

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Registration Maintenance

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:

<table>
<thead>
<tr>
<th>Employer Number</th>
<th>Description</th>
<th>View</th>
<th>Edit</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>INITIAL REGISTRATION</td>
<td>View</td>
<td>Edit</td>
<td>Delete</td>
</tr>
</tbody>
</table>

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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:** 07/14/17

**Total Amount:** 0.00

**Override Payment:**

[Submit Duplicate]