

# **Teachers' Retirement System of the State of Illinois**

## **Connecting with Retirees**

**Who Can Talk to TRS About My Account?**



# TRS Policy Regarding Providing Specific Information to Others



TRS Policy is provide specific information to our TRS Members ONLY

- Spouses, your children or your friends cannot ask questions about your account unless you are in the appointment or on the phone with them and state it is okay
- This includes situations where both spouses are TRS members
- So ... Are there options to provide flexibility?

# 3 Options to Allow Someone Access to Your TRS Information

- 
- Confidential Information Release Form
  - POAs
  - Guardians

# Written Permission to Provide Information

A Confidential Information Release form with a hand-written signature from a TRS Member can specify that information can be provided to another person

Allows TRS to provide the requested information

Does NOT allow the designated person to make any changes at all

Procedure:

- Complete a Confidential Information Release form
- Mail to TRS or upload it to your TRS account
- TRS will note your record that we have permission to provide information to that person only

# Confidential Information Release Form

## TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS



2815 W Washington, PO Box 19253  
Springfield IL 62794-9253  
R. Stanley Rupnik, Executive Director  
(877) 9-ASK-TRS | (877-927-5877)  
FAX: (217) 753-0964  
members@trsil.org | <http://www.trsil.org>

### Confidential Information Release Authorization

#### Member Record to be Released

|                        |                |                         |               |               |
|------------------------|----------------|-------------------------|---------------|---------------|
| First name             | Middle initial | Last name               | Maiden        | Date of birth |
|                        |                |                         |               |               |
| Social Security number |                | Telephone number<br>( ) | Email address |               |
|                        |                |                         |               |               |
| Street address         |                | City                    | State         | ZIP code      |
|                        |                |                         |               |               |

#### Third Party to Receive Information

|  |   |               |          |
|--|---|---------------|----------|
| Name of third party to receive information | Relationship (e.g., spouse, child, bank, retirement system, attorney) |               |          |
|  |   |               |          |
| Telephone number<br>( )                    | FAX number<br>( )   | Email address |          |
|  |   |               |          |
| Street address                             | City  | State         | ZIP code |
|  |   |               |          |

#### Information to be Released

- ☐ Entire file, except for information prohibited by HIPAA  
☐ Benefit information for divorce  
☐ Entire file, except for information prohibited by HIPAA and (specify information you **do not** want TRS to release):

|  |
|--|
|  |
|  |

This release authorization remains in effect until (choose one):

- ☐ indefinitely  
☐ (fill in date)



# Confidential Information Release Form

## Certification

I understand certain information in the above TRS record is confidential and that by signing this Confidential Information Release Authorization, I am waiving this protection to the extent I have provided above.

By signing, I certify that this information is correct. I am aware that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud the Teachers' Retirement System is guilty of a Class 3 felony. Please be advised that if the TRS Board has a reasonable suspicion that a false record has been filed with the System, it is required to report the matter to the appropriate state's attorney for investigation.

Signature

Date

[https://www.trsil.org/confidential\\_release\\_form](https://www.trsil.org/confidential_release_form)

Online form

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# Power of Attorney

- When a member is not able to manage their personal affairs, a Power of Attorney (POA) can be appointed
- To make changes to a member's TRS account, POA must be for Property/Financial affairs
- POA for Healthcare is not acceptable
- Both POA and Member can amend their file if the Member signs the request for a change (unless physician has indicated member is incapacitated)

# Process to Enact a POA

- POA must provide:
  - The complete Power of Attorney document for Property/Financial affairs
  - A completed POA/Guardianship Demographic form
  - If Member has health insurance (TRIP or TRAIL) the primary address on their TRS record must be their street address
  - Note: A Member can provide written notification to remove the named POA from the file



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### Guardian/Power of Attorney Demographic Information

This form must be used to add or change demographic information for either guardian or power of attorney for TRS members. When adding guardian or power of attorney, please attach either proof of Guardian of Estate or Power of Attorney for Property/Financial document to this form.

*Please print or type.*

#### TRS Member Demographic Information

|   |                               |                                |             |
|---|-------------------------------|--------------------------------|-------------|
| Last name   | First name                    | Middle initial                 | Maiden name |
|   |                               |                                |             |
| Last 4 digits of Social Security number<br>or TRS Member ID | Date of birth<br>(MM-DD-YYYY) | Gender                         |             |
|   |                               |                                |             |
| Street address  |                               | Apartment or post office box   |             |
|   |                               |                                |             |
| City  | State                         | ZIP code (9-digits)            |             |
|   |                               |                                |             |
| Home telephone number<br>( )                                |                               | Mobile telephone number<br>( ) |             |
|   |                               |                                |             |





### Power of Attorney Demographic Information

|                              |       |                                |                |
|------------------------------|-------|--------------------------------|----------------|
| Last name                    |       | First name                     | Middle initial |
|                              |       |                                |                |
| Street address               |       | Apartment or post office box   |                |
|                              |       |                                |                |
| City                         | State | ZIP code (9-digits)            |                |
|                              |       |                                |                |
| Home telephone number<br>( ) |       | Mobile telephone number<br>( ) |                |
|                              |       |                                |                |
| Email address                |       |                                |                |
|                              |       |                                |                |

#### Check one box:

☐

Mail all correspondence to the member's residential address.

☐

Mail all correspondence to the guardian/POA.

**Certification:** I am aware that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud the Teachers' Retirement System is guilty of a Class 3 felony. I am aware that, if the TRS Board has reasonable suspicion that a false record has been filed with TRS, it is required to report the matter to the state's attorney for investigation.

Signature of TRS member or guardian/POA

Date

# Guardianship

- A Guardian is a court-appointed person or entity to act on the member's behalf
- A Member cannot send a written request to remove a Guardian; a court document is required
- A Member cannot amend their file, even with a written request

# Process to Enact a Guardianship

- Guardian must provide:
  - The complete proof of Guardianship document
  - A completed POA/Guardianship Demographic form
  - If Member has health insurance (TRIP or TRAIL) the primary address on their TRS record must be their street address
  - Note: A Member cannot provide written notification to remove the named Guardian from the file. A court document is required

# Contact Information

## TRS Phone & Hours



Toll-free:

(877) 927-5877

M-F: 7:30 am to 4:30 pm



Email Address

[members@trsillinois.org](mailto:members@trsillinois.org)



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