



# Verification of Workers' Compensation Payments

TRS22W (09-16)

1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov



Name \_\_\_\_\_ TRS Participant ID or Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

**TRS MEMBER:** This form is to be completed and signed by the current TRS reporting official or other appropriate official of the Texas public educational institution that paid the salary being verified. After the form has been completed and signed by the reporting official, **you must sign where indicated on the reverse side of this form**, before sending the form to the Teacher Retirement System of Texas (TRS). See additional instructions on the reverse side of this form.

**REPORTING OFFICIAL:** You must include all information requested in all columns below. Use one form for each school year in which the member received workers' compensation payments. **Return this form to the member after completion. Do not return this form to TRS.** See additional instructions the on reverse side of this form.

School Year	Month	Amount of Salary actually paid and reported to TRS each month	Number of days worked or on paid leave	Amount of workers' compensation paid to member each month	Salary member would have earned had no injury occurred
	September				
	October				
	November				
	December				
	January				
	February				
	March				
	April				
	May				
	June				
	July				
	August				
Daily Rate of Pay: _____					

**CERTIFICATION OF REPORTING OFFICIAL:** I certify that records created at or near the time of service in my office show that the person named on this form was paid the salary shown on this form by this reporting entity and was paid the workers' compensation payments listed on this form and show that all information provided on this form is true and correct. I further certify that I am currently employed by the TRS-covered public educational institution named below. The public educational institution agrees to produce records used to verify the service and salary reported on this form to TRS upon request as required under Sections 825.403 and 825.505 of the Texas Government Code.

\_\_\_\_\_  
Signature of Reporting Official                      Title of Reporting Official                      Date

\_\_\_\_\_  
Printed Name of Reporting Official      Name of Texas Public Educational Institution      Phone Number

### NOTARIZATION OF REPORTING OFFICIAL SIGNATURE

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, a notary public, on \_\_\_\_\_ (date) personally appeared \_\_\_\_\_ (reporting official) known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein are true and correct.

GIVEN under my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (SEAL)  
Month                      Year



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## INSTRUCTIONS FOR MEMBER

Workers' compensation payments may be considered to determine creditable service and/or creditable compensation. Take this form to the Texas public educational institution where you rendered service and received the workers' compensation payments being verified for completion and certification by the reporting official. After the reporting official has completed all information, sign below and return this form to TRS. TRS will determine, based on the information provided by the reporting official and applicable laws and rules, whether creditable service and/or creditable compensation is indicated. If TRS determines that the employment and/or compensation is eligible for TRS credit, TRS will send you a cost statement for the amount due. **All deposits and fees due for each year of service credit that you wish to purchase must be paid in full before this service or compensation can be used in the determination of your eligibility for benefits and in the calculation of your benefits.** The cost increases each year the amount due remains unpaid.

All workers' compensation paid prior to September 1, 2011 must be verified no later than September 1, 2016. Beginning with workers' compensation paid on or after September 1, 2011, verification must be received by TRS no later than five years after the end of the school year in which the workers' compensation was paid. Workers' compensation that is not verified within the required timeframe will not be eligible for purchase and cannot be used in determining eligibility for or the calculation of any benefits. Verification of workers' compensation cannot be accepted after you have retired and TRS has issued your first retirement annuity payment.

If workers' compensation is verified to TRS no later than the end of the school year following the school year in which it is paid, member contributions on the workers' compensation paid are required to establish the compensation and service credit associated with the workers' compensation. The member contributions on the workers' compensation must be paid in full in a lump sum payment by the end of the school year following the year in which the workers' compensation payment was received. If payment in full is not received by this deadline, the cost will be recalculated to the actuarial present value. This may result in a substantial increase in cost.

I have read the "Instructions for Member" and understand that, ***if TRS approves creditable service and /or compensation based on workers' compensation payments that I have received, I will be required to pay any deposits and fees that are due if I want to have this service or compensation included in the determination of my eligibility for benefits and in the calculation of my benefits.*** I also understand that it is the decision of TRS whether my service or compensation is eligible for TRS credit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## INSTRUCTIONS FOR REPORTING OFFICIAL

All information on the front side of this form must be completed, including the "Certification of Reporting Official." This form must be completed and signed by the current TRS reporting official of the Texas public educational institution where the member's service was rendered and the workers' compensation payments were made, or by the public educational institution's payroll manager, payroll supervisor, financial officer, or superintendent. TRS may not accept the form if it is not signed by an appropriate official. **This form is to be used only to verify workers' compensation payments.**

Sections 825.403 and 825.505 of the Texas Government Code grant TRS the right to audit records used for documentation of service and salary. By completing this form and signing the "Certification of Reporting Official," you agree to produce the records used to complete this form upon TRS's request.

***Verification must be made on records created at or near the time of service. An affidavit based on memory is not sufficient.***

**RETURN THIS COMPLETED FORM TO THE MEMBER. DO NOT RETURN THIS FORM TO TRS.**