Reset Form

EMPLOYER ENROLLMENT

State Form 53268 (R4 / 3-14)

INDIANA PUBLIC RETIREMENT SYSTEM
TEACHERS' RETIREMENT FUND
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 876-2707 (Toll-free)
Fax: (317) 234-6692
E-mail: eppa@inprs.in.gov
Web site: www.inprs.in.gov

INSTRUCTIONS

This form is for a new school (employer), established by *IC 20-28-3*, or a charter school (employer), established by *IC 20-24-11, or a Turnaround Academy established by IC 20-31-9.5*.

Complete and submit this form prior to reporting wages and contributions for Indiana teachers certified pursuant to *Title 515 IAC et seq*., employed by your school unit. A representative of the employer must sign to certify that the employer meets eligibility requirements. All items on this form must be completed and the form must be submitted to the Indiana Public Retirement System (INPRS).

An employer number will be assigned to your school unit when this application is received and accepted by INPRS.

EMPLOYER INFORMATION

Employer's name *(school, Charter School or Turnaround Academy)*	Tax identification number	
Charter school sponsor *(if applicable)*	☐ This is a charter school.	
Special Management Team *(If applicable - for Turnaround Academies)*	☐ This is a Turnaround Academy.	
Address *(number and street)*	Telephone number with area code	
City	State	ZIP Code
Effective Date of Participation in the Fund *(mm/dd/yyyy)*		

SUPERINTENDENT INFORMATION

Superintendent's name		
Telephone number with area code	Fax number with area code	E-mail address

AUTHORIZED CONTACT'S INFORMATION

Authorized Contact's name		
Telephone number with area code	Fax number with area code	E-mail address

EMPLOYER CERTIFICATION

Authorized representative's signature	Authorized representative's title	Date *(mm/dd/yyyy)*