



TRS

TEACHER RETIREMENT SYSTEM OF TEXAS

Plan With Purpose. Live With Confidence.



Worksheets to help you stay organized, make informed decisions, and focus on what matters most – living well today and feeling prepared for tomorrow.

LAST REVIEWED/UPDATED:

Review and update this form at least once a year.



Medical Information

NAME _____

DATE OF BIRTH _____ GENDER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

Emergency Contacts

NAME _____ PHONE _____

NAME _____ PHONE _____

PET CARE _____ PHONE _____

Doctors

NAME _____ PHONE _____

NAME _____ PHONE _____

DENTIST _____ PHONE _____

PREFERRED HOSPITAL _____ PHONE _____

Caregiver/Support

NAME _____ PHONE _____

NAME _____ PHONE _____

Vaccines

- FLU
- PNEUMOCOCCAL
- TETANUS/PERTUSSIS
- COVID-19 BRAND
- SHINGLES

Drug or Other Allergies

_____	_____
_____	_____
_____	_____
_____	_____

Medications

	PURPOSE	DOSE & FREQUENCY	PRESCRIBING DOCTOR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
OVER THE COUNTER	_____	_____	_____
VITAMINS/SUPPLEMENTS	_____	_____	_____

Advance Directives

- LIVING WILL
- DURABLE POWER OF ATTORNEY
- LONG-TERM CARE INSURANCE POLICY

Place Where Kept _____

Important Medical History

Review your TRS beneficiaries regularly. Keeping this information current can help protect your loved ones.



Store this document in a secure location, and make sure a trusted person knows how to find and access it.

End of Life



My Information

NAME _____ SSN# _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

1. Call my family members and close friends

CONTACT _____ PHONE _____

CONTACT _____ PHONE _____

CONTACT _____ PHONE _____

2. Notify my Employer

CONTACT _____ PHONE _____

3. Funeral home for arrangements

CONTACT _____ PHONE _____

MY PREFERENCES _____

4. Call attorney to settle my will

CONTACT _____ PHONE _____

Copy of my will can be found here _____

5. Contact local Social Security office and file a claim immediately to avoid any possibility losing benefit checks

SSN# _____ PHONE _____

6. Notify the following, in addition to mortgage, credit card companies, etc.

TRS MEMBERSHIP ID# _____ TRS MEMBER SERVICES 1-800-223-8778 _____

OTHER _____ PHONE _____

OTHER _____ PHONE _____

7. Primary decision-maker

CONTACT _____ PHONE _____

Where to find important documents



Account Information



INSTITUTION/COMPANY NAME

ACCOUNT NAME

ACCOUNT NUMBER

ACCOUNT TYPE

URL

USERNAME

PASSWORD

GOALS

INSTITUTION/COMPANY NAME

ACCOUNT NAME

ACCOUNT NUMBER

ACCOUNT TYPE

URL

USERNAME

PASSWORD

GOALS

INSTITUTION/COMPANY NAME

ACCOUNT NAME

ACCOUNT NUMBER

ACCOUNT TYPE

URL

USERNAME

PASSWORD

GOALS

INSTITUTION/COMPANY NAME

ACCOUNT NAME

ACCOUNT NUMBER

ACCOUNT TYPE

URL

USERNAME

PASSWORD

GOALS

PLAN WITH PURPOSE. LIVE WITH CONFIDENCE.



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Your TRS pension is one part of your future. A clear monthly budget can help you build the rest.



Monthly Budget

MONTH OF _____ TRS ANNUITY AMOUNT: \$ _____

MONTHLY INCOME (NET): \$ _____ LEFT TO SPEND: \$ _____

AM I SAVING BEYOND TRS? YES NO

EXPENSE ITEM	BUDGET	ACTUAL	FIXED/ FLEXIBLE	DIFFERENCE	NOTES
<input type="checkbox"/> Mortgage/Rent					
<input type="checkbox"/> Household Maintenance					
<input type="checkbox"/> Taxes					
<input type="checkbox"/> Insurance					
<input type="checkbox"/> Medical Expenses					
<input type="checkbox"/> Electricity					
<input type="checkbox"/> Water					
<input type="checkbox"/> Sewage					
<input type="checkbox"/> Gas					
<input type="checkbox"/> Trash					
<input type="checkbox"/> Cable					
<input type="checkbox"/> Phone					
<input type="checkbox"/> Groceries					
<input type="checkbox"/> Entertainment					
<input type="checkbox"/> Charity/Donations					
<input type="checkbox"/> Fuel					
<input type="checkbox"/> Auto Insurance					
<input type="checkbox"/> Car Payment					
<input type="checkbox"/> Child Care					
<input type="checkbox"/> Credit Cards/Debt					
<input type="checkbox"/> Loans					
<input type="checkbox"/> Dining Out					
<input type="checkbox"/> Sporting Events					
<input type="checkbox"/> Live Theater					
<input type="checkbox"/> Concerts					
<input type="checkbox"/> Movies					
TOTAL EXPENSES					

PLAN AHEAD: Do your expenses change during particular months?

GOALS: What is one expense you can realistically reduce this month? What are you saving for?

Monthly Goal Setter



TOP 3 GOALS

1. _____
2. _____
3. _____

MINI WINS Track progress as you go

- ✓ _____
- ✓ _____
- ✓ _____

HABIT	WEEK 1	WEEK 2	WEEK 3	WEEK 4

MONEY CHECK-IN

Plan it. Track it. Feel it.

NEED \$ _____

WANT \$ _____

SAVED \$ _____

I'M LOOKING FORWARD TO

MONTHLY REFLECTION

Keep it real, keep it simple.

WHAT WENT WELL _____

WHAT I'D IMPROVE _____

BIGGEST WIN _____

DON'T FORGET

- _____
- _____
- _____

ONE WORD FOR NEXT MONTH

ENERGY

--	--	--	--	--

NOTES

DATE

Weekly Wellness



THIS WEEK, I WILL...

MOVE MY BODY

- Stretch
- Walk
- Strength train
- Do yoga or Pilates
- Work on balance (stand on one foot, light exercises)

GET FRESH AIR AND ENERGY

- Spend time outside
- Get some sunshine
- Enjoy a short walk or time in nature

KEEP MY MIND ACTIVE

- Read (book, magazine, or article)
- Do a puzzle, game, or brain activity
- Learn something new

STAY CONNECTED

- Call or visit a friend or family member
- Join a group, class, or activity
- Spend time with others

CARE FOR MY WELL-BEING

- Practice gratitude (write or think of 3 things)
- Enjoy a hobby or relaxing activity
- Listen to music or unwind

SUPPORT MY HEALTH

- Drink plenty of water
- Eat balanced meals
- Take medications as prescribed
- Get a good night's sleep

WEEKLY REFLECTION

Something I feel good about this week is...

TIP: TAKE IT ONE DAY AT A TIME

NOTES



If you're enrolled in a TRS-Care health plan, you have benefits that can help support all your wellness goals.

www.trs.texas.gov/health-benefits/retiree-health

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Daily Planner

(S) (M) (T) (W) (T) (F) (S)



DATE _____

GOALS

TO DO

MOOD



WATER



SCHEDULE

TIME	EVENT

END-OF-DAY CHECK

What went well? What to improve?

NOTES & DOODLES



MEALS

Breakfast	Lunch
Dinner	Snack

DON'T FORGET

FOR TOMORROW

TODAY I AM GRATEFUL FOR

EXERCISE

SLEEP TRACKER

Your TRS pension is a strong foundation. Personal savings can help fill the gaps.



Savings Tracker

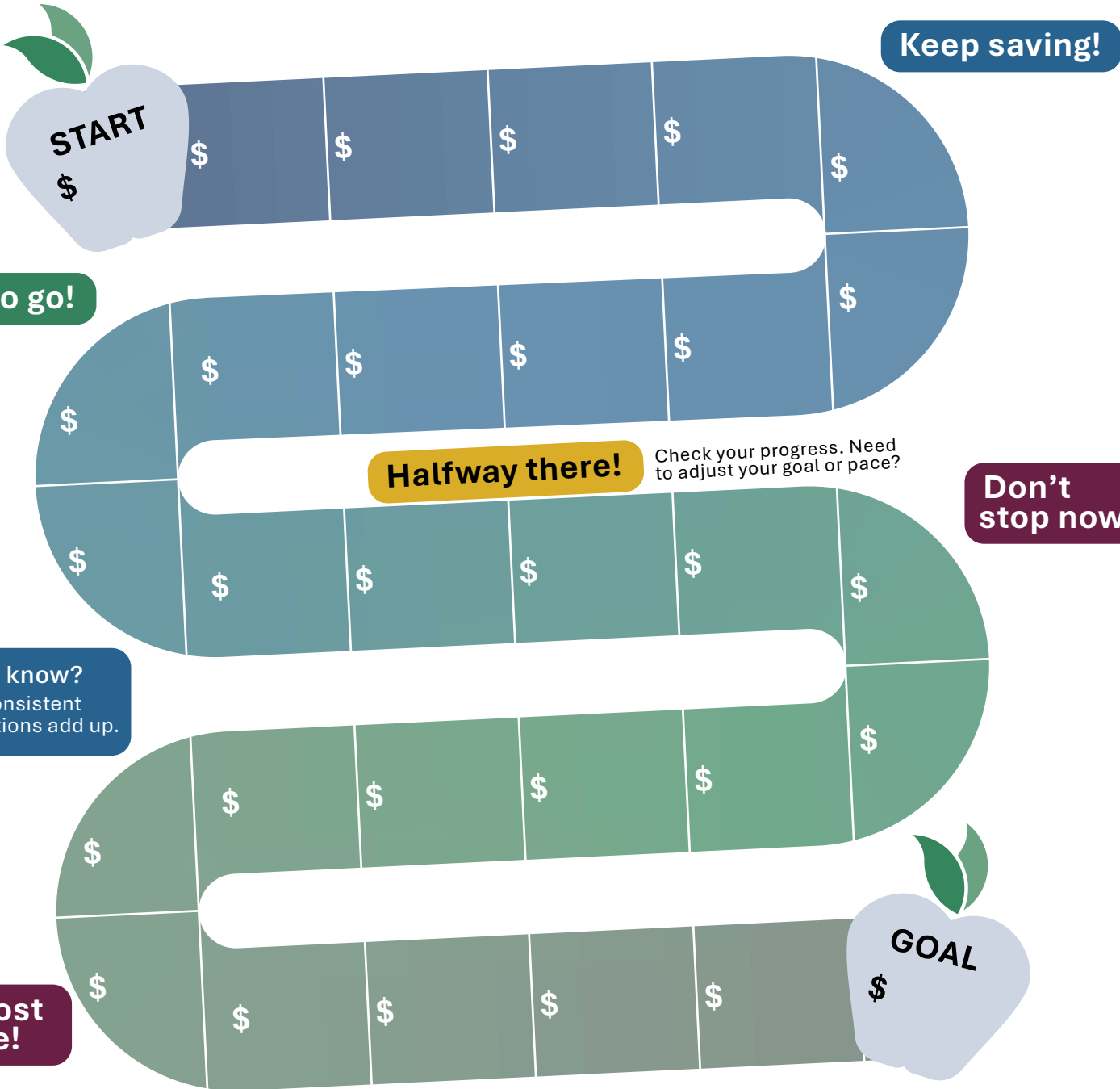
HOW IT WORKS

As you save, fill in the amount you contribute each time until you reach your goal.

SAVING FOR _____

SAVINGS GOAL \$ _____

GOAL DATE _____



Keep saving!

Way to go!

Halfway there!

Check your progress. Need to adjust your goal or pace?

Don't stop now!

Did you know?
Small, consistent contributions add up.

Almost there!

You did it!

DESIGNED WITH TRS MEMBERS IN MIND:

- Save ahead for summer months
- Build an emergency cushion
- Set aside extra for retirement beyond TRS

A STRONG PLAN TODAY CAN HELP YOU FEEL MORE CONFIDENT TOMORROW.

Weather Emergencies



BEFORE THE STORM

- Charge devices
- Fill gas tank
- Do chores that require water (laundry, dishes, shower)
- Set fridge/freezer to coldest
- Know your virtual health care options
- Refill prescription medications (if necessary)

EMERGENCY GO-BAG

(Don't Forget)

- Flashlight + batteries
- Phone charger/power bank
- Important documents (can save on thumb drive)
- First-aid kit
- Cash
- Extra medications

24/7 NurseLine

Nearest Urgent Care

Address: _____

Nearest Emergency Room

Address: _____

TRS Health Plan Prescription Customer Service

TRS Health Plan Medical Customer Service

GROCERY ITEMS

Focus on non-perishables with long shelf lives, high calories, and dense nutrients. Seasonings can also improve prepackaged foods.

- Canned vegetables, beans, proteins, soups, and milk
- Peanut butter
- Granola bars and trail mix
- Dried fruits and meats
- Apples and citrus fruits
- Potatoes, sweet potatoes, yams
- Sports drinks for electrolytes
- Pet food

DRINKING WATER

It's recommended to have one gallon of water per person per day. Make sure you account for pets in the household too.

HEAT EMERGENCIES:

In Texas, it might not always be a storm that knocks out the power. For extreme heat, make sure you know the signs of heat exhaustion and know when to get care. Also, there are extra items you can consider stocking.

- Battery operated fans
- Electrolyte powders
- Cooling neck towels

ADDITIONAL NECESSITIES