



**CT TEACHERS' RETIREMENT BOARD**  
 765 ASYLUM AVENUE 2<sup>ND</sup> FLOOR HARTFORD, CT 06105-2822  
*"An Affirmative Action/Equal Opportunity Employer"*  
 Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 [www.ct.gov/trb](http://www.ct.gov/trb)

## APPLICATION FOR RETIREMENT BENEFITS

**MINIMUM ELIGIBILITY REQUIREMENTS TO COLLECT A RETIREMENT BENEFIT:**

- 10 years CT credited service at age 60
- 20 years credited service at age 55 (15 of which must be CT credited service)
- 25 years credited service at any age (20 of which must be CT credited service)
- Separation from service prior to the effective date of retirement. (This means you have left your CT teaching job and do not intend to return to employment in the school district from which you retired.)

**MANDATORY FILING REQUIREMENTS, DUE BEFORE YOUR RETIREMENT DATE:**

- Completed Retirement Application
- Photocopy of your Birth Certificate
- Photocopy of your Co-participant's Birth Certificate (if electing Plan D)
- Acceptable documentation of potential service credit to be purchased, if applicable

Your retirement may become effective on the first day of any month following your last day of employment or leave of absence, provided this completed application and required documents are received or postmarked prior to the effective date of your retirement and that you meet eligibility for an immediate retirement benefit. Benefits accrue on the first day of the month and are paid at the end of the month. Members who retire effective July 1st will receive their first benefits (for the months of July and August) no earlier than the end of August.

Print clearly in ink or type. Do not use white out. Initial any changes that you make.

<b>LAST DAY OF EMPLOYMENT or LEAVE OF ABSENCE</b>	<b>LAST EMPLOYING BOARD OF EDUCATION</b>	<b>EFFECTIVE DATE OF RETIREMENT</b>
Month / Day / Year		Month Year
/ /		/ 01 /

**MEMBER**

**SPOUSE (if living)**

Last Name	First Name	MI	Last Name	First Name	MI
Social Security #			Social Security #		
Date of Birth			Date of Birth		
Mailing Address					
Personal Email Address		Home Phone Number		Cell Phone Number	
New Mailing Address					
Effective Date of Change			New Home Phone Number		

**MONTHLY RETIREMENT PAYMENT PLAN ELECTION (Choose One Payment Plan N, C or D)**

**PLAN N, NORMAL ALLOWANCE (Partial Refund Option)**

You will receive the largest monthly benefit payment for life. Upon your death, your designated beneficiary or Estate will receive a lump sum payment of your account balances at the time of retirement reduced by 50% of the benefits you have received. Please fill out Beneficiary Designation below.

\_\_\_\_\_  
**Member's Signature – Electing Plan N**                      **Member's Social Security #**                      **Date**

**PLAN C, PERIOD CERTAIN OPTION**

You will receive a reduced monthly benefit payment for life based on your age and the period certain you select. If you die within the period certain you select, your designated beneficiary will receive the same monthly benefit as you were receiving for the remainder of the period certain. If your primary beneficiary begins to receive payments and dies before the remainder of the guaranteed period certain expires, the value of any installments due will be paid in a lump sum to your beneficiary's Estate. You may designate one or more beneficiaries. Please fill out Beneficiary Designation below.

**Check One:**     5 years     10 years     15 years     20 years     25 years

\_\_\_\_\_  
**Member's Signature – Electing Plan C**                      **Member's Social Security #**                      **Date**

**BENEFICIARY DESIGNATION FOR RETIREMENT PAYMENT PLANS N OR C (Required)**

Use this area to designate your beneficiary or beneficiaries **for Retirement Payment Plans N or C**. Also indicate with a mark in the appropriate box, whether your designated beneficiary is primary or contingent. A payment is only made to a contingent beneficiary if the primary beneficiary dies before any payments are initiated to the primary. "Per Stirpes" designation is not accepted (unnamed or unborn beneficiaries).

BENEFICIARY NAME AND ADDRESS (include zipcode)	RELATIONSHIP	SOCIAL SECURITY #	CHECK ONE
Name: Address:			<input type="checkbox"/> primary <input type="checkbox"/> contingent
Name: Address:			<input type="checkbox"/> primary <input type="checkbox"/> contingent
Name: Address:			<input type="checkbox"/> primary <input type="checkbox"/> contingent
Name: Address:			<input type="checkbox"/> primary <input type="checkbox"/> contingent

**PLAN D, CO-PARTICIPANT OPTION (Partial Refund Option)**

You will receive a reduced monthly benefit payment for life based on your age, your co-participant's age and the percentage option you select for your co-participant to receive upon your death. You may choose 100%, 75%, 66.6%, 50% or 33.3% of your reduced benefit to be continued to your co-participant. Monthly benefits cease upon the second death. Should your co-participant predecease you or you become divorced from your co-participant, your benefit would become the Plan N amount. Effective July 1, 2016, upon the divorce of a member and such member's designated co-participant subsequent to the member's retirement, the member may retain the co-participant designation and the co-participant option elected at the time of retirement by filing a qualified domestic relations order with the board. When benefits terminate for you and/or your co-participant, your beneficiary, your estate, or your co-participant's estate will receive a lump sum payment of the member's account balances at the time of retirement reduced by 50% of total payments made to the member and the co-participant.

**Check One:**     100%     75%     66.6%     50%     33.3%

Co-participant Name/Address	Relationship	Social Security #	Date of Birth (copy of birth certificate required)

\_\_\_\_\_  
**Member's Signature – Electing Plan D**                      **Member's Social Security #**                      **Date**

## ELECTION OF SUPPLEMENTAL and/or VOLUNTARY ACCOUNTS

Members who were employed prior to June 1989 may have a 1% Supplemental account. Those members who paid additional monies into the system have a Voluntary Account. Your choices for distribution are:

- **Refund/Rollover.** Funds may be refunded directly to you, in which case, any pre-tax contributions and interest will become taxable. Alternatively, pre-tax contributions and interest may be rolled over into another “qualified plan”, such as an IRA. The paperwork for the refund/rollover option will be mailed to you after the effective date of your retirement. Failure to return the paperwork for the refund/rollover option on a timely basis will result in your funds being refunded directly to you which may result in federal or state tax liabilities and related penalties.
- **Extra Annuity.** You will receive a fixed payment based on your account balances, included in your monthly benefit, payable over your lifetime under the terms and conditions of the payment plan you select. These fixed payments are excluded from cost of living increases. Upon your death your account balances are settled in accordance with the provisions of your retirement plan option (refer to page 2).
- **Purchase Credit.** You may apply your supplemental or voluntary account balance toward the purchase of credit. Post-tax contributions are applied first, then pre-tax contributions and interest. Any balance remaining in the supplemental or voluntary account will be refunded to you.  
Your election to use your supplemental or voluntary account to purchase credit that you make on this application for Retirement Benefits is not binding. We will issue you an invoice for the cost of the service. If you wish to use your supplemental or voluntary account to pay all or any portion of the invoice, you must specify that in writing on the invoice and return a signed copy of the invoice to us on or before the due date of the invoice.

**Check one category for each Account you have.** If in doubt, refer to your annual statement.

Account Type	Refund/Rollover	Extra Annuity	Purchase Credit
1% Supplemental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FEDERAL INCOME TAX AND STATE OF CONNECTICUT INCOME TAX** (These elections are applicable only to your monthly retirement benefit, and not to the distribution of supplemental or voluntary account balances.)



**Please make your FEDERAL TAX election.**

You may choose Option 1, No Withholding, but you are NOT relieved of any tax liability which may be due. Without an election, federal law requires that we withhold federal taxes based on: **MARRIED, THREE (3) WITHHOLDING ALLOWANCES**, which might result in an underpayment of federal taxes. You may change your election in writing at any time by filling out the Federal Tax Withholding Change Form and/or Connecticut Tax Withholding Change Form CT-W4P or sending a letter.

1. Check here if you **do not want any** federal income tax withheld from your monthly benefit payment. (Do not complete line 2 or 3.)

2. Total number of allowances and marital status you are claiming for withholding from each monthly benefit payment. (You also may designate an additional dollar amount on line 3.)

.....  
 Marital status:  Single  Married  Married, but withhold at higher Single rate

\_\_\_\_\_  
 (Enter number of allowances)

3. **Additional amount, if any**, you want withheld from each monthly benefit payment. (**Note.** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.). Whole dollar amounts only.

\$ \_\_\_\_\_ .00

**Withholding Certificate for Pension or Annuity Payments**



**New withholding requirement:** Effective January 1, 2018, a payer must withhold Connecticut income tax from taxable pension or annuity payments made to a Connecticut resident. You must complete this form for payments made on or after January 1, 2018, or your payer will withhold 6.99% of your payment.

Mail the original form to **CT Teachers' Retirement Board, 765 Asylum AVE 2<sup>nd</sup> Floor, Hartford CT 06105**  
 or fax it to **860-525-6018**. Please read instructions carefully. Keep a copy for your records.

1. Withholding Code: Enter *Withholding Code* letter chosen from below. .... 1. \_\_\_\_\_
2. Additional withholding amount per payment, if any. See Supplemental Table instructions. .... 2. \$ \_\_\_\_\_
3. Reduced withholding amount per payment, if any. See Supplemental Table instructions. .... 3. \$ \_\_\_\_\_

First name	MI	Last name	Social Security Number
Home address (number and street, apartment number, suite number, PO Box)			Personal Email / Phone #
City/town	State	ZIP code	

I hereby certify that I will no longer be a Connecticut resident. Please do not withhold CT tax.

**Declaration:** I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Payee's signature	Date
-------------------	------

**Payee Instructions**

- Read *Payee General Instructions* before completing this form.
- If you or your spouse, or both, have more than one source of income, see *Check Your Withholding*.

- Select the filing status you expect to report on your Connecticut income tax return. See instructions.
- Choose the statement that best describes your gross income.
- Enter the *Withholding Code* on Line 1 above.

<b>Married Filing Jointly</b>	Withholding Code
Our expected combined annual gross income is <b>less</b> than or equal to \$24,000 and no withholding is necessary.	<b>E</b>
My spouse <b>has</b> income subject to withholding and our expected combined annual gross income is <b>greater</b> than \$24,000 and less than or equal to \$100,500. See <i>Certain Married Individuals</i> , Page 2.	<b>A</b>
My spouse <b>does not</b> have income subject to withholding and our expected combined annual gross income is <b>greater</b> than \$24,000.	<b>C</b>
My spouse <b>has</b> income subject to withholding and our expected combined annual gross income is <b>greater</b> than \$100,500.	<b>D</b>
I have significant other income and wish to avoid having too little tax withheld.	<b>D</b>
<b>Qualifying Widow(er) With Dependent Child</b>	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$24,000 and no withholding is necessary.	<b>E</b>
My expected annual gross income is <b>greater</b> than \$24,000.	<b>C</b>
I have significant other income and wish to avoid having too little tax withheld.	<b>D</b>

<b>Married Filing Separately</b>	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$12,000 and no withholding is necessary.	<b>E</b>
My expected annual gross income is <b>greater</b> than \$12,000.	<b>A</b>
I have significant other income and wish to avoid having too little tax withheld.	<b>D</b>
<b>Single</b>	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$15,000 and no withholding is necessary.	<b>E</b>
My expected annual gross income is <b>greater</b> than \$15,000.	<b>F</b>
I have significant other income and wish to avoid having too little tax withheld.	<b>D</b>
<b>Head of Household</b>	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$19,000 and no withholding is necessary.	<b>E</b>
My expected annual gross income is <b>greater</b> than \$19,000.	<b>B</b>
I have significant other income and wish to avoid having too little tax withheld.	<b>D</b>

## Form CT-W4P Payee General Instructions

**Form CT-W4P**, *Withholding Certificate for Pension or Annuity Payments*, is for Connecticut resident recipients of pension, annuities and certain other deferred compensation subject to Connecticut income tax. Form CT-W4P provides your payer with the necessary information to withhold the correct amount of Connecticut income tax from your pension or annuity payment to ensure that you will not be underwithheld or overwithheld.

Effective January 1, 2018, payers of taxable pension or annuity distributions are required to deduct and withhold income tax from such distributions. Payers must calculate the amount to withhold from such distributions using the same method that employers use to determine the amount to withhold from wages.

Complete Form CT-W4P by selecting a withholding code based on the filing status you expect to report on your Connecticut income tax return and the statement that best describes your gross income. Form CT-W4P for years 2017 and prior are obsolete.

For Connecticut income tax purposes, **gross income** means all income from all sources, whether received in the form of money, goods, property, or services, not exempt from federal income tax, and includes any additions to income from *Schedule 1* of **Form CT-1040**, *Connecticut Resident Income Tax Return* or **Form CT-1040NR/PY**, Connecticut Nonresident and Part-Year Resident Return.

Generally, the filing status you expect to report on your Connecticut income tax return is the same as the filing status you expect to report on your federal income tax return. However, special rules apply to married individuals who file a joint federal return but have a different residency status. Nonresidents and part-year residents should see the instructions to Form CT-1040NR/PY.

You can't designate a specific dollar amount to be withheld. Failure to give your payer a properly completed 2018 Form CT-W4P will result in 6.99% withholding from your payment(s).

Form CT-W4P will remain in effect until you submit a new one. You should complete a new Form CT-W4P if your tax situation changes, such as your filing status changes. You should furnish your payer with a new Form CT-W4P within ten days of the change. These rules do not apply to lump sum distributions (distributions of the entire account balance). The withholding rate for lump sum distributions is 6.99%.

### Check Your Withholding

You may be underwithheld if any of the following apply:

1. You or your spouse, or both, have more than one source of income, whether or not subject to withholding;
2. You qualify under *Certain Married Individuals* and do not use the *Supplemental Table*; **or**
3. You have substantial other income such as interest, dividends or capital gains.

If you are underwithheld, you should consider adjusting your withholding or making estimated payments using **Form CT-1040ES**, *Estimated Connecticut Income Tax Payment Coupon for Individuals*. You may also select *Withholding Code "D"* to elect the highest level of withholding. If you owe \$1,000 or more in Connecticut income tax over and above what has been withheld from your income for the prior taxable year, you may be subject to interest on the underpayment at the rate of 1% per month or fraction of a month. To help determine if your withholding is correct, see **Informational Publication 2018(7)**, *Is My Connecticut Withholding Correct?*

### Certain Married Individuals

If you are a married individual filing jointly and you and your spouse both select *Withholding Code "A,"* you may have too much or too little Connecticut income tax withheld from your pension or annuity payment. This is because the phase-out of the personal exemption and credit is based on your combined incomes. The withholding tables cannot reflect your exact withholding requirement without considering the income of your spouse.

To minimize this problem, use the *Supplemental Table* to adjust your withholding. You are not required to use this table. **Do not** use the supplemental table to adjust your withholding if you use the worksheet in IP 2018(7).

### Payer Instructions

For any payee who does not complete Form CT-W4P, you are required to withhold at the highest marginal rate of 6.99% without allowance for exemption. You are required to keep Form CT-W4P in your files for each payee. See **Informational Publication 2017(8)**, *Connecticut Tax Guide for Payers of Nonpayroll Amounts*, for complete instructions.

### For More Information & Forms and Publications:

Call DRS during business hours, Monday through Friday: **800-382-9463** (Connecticut calls outside the Greater Hartford calling area only); **or 860-297-5962** (from anywhere). TTY, TDD, and Text Telephone users **only** may transmit inquiries anytime by calling 860-297-4911. Visit the DRS website at [www.ct.gov/DRS](http://www.ct.gov/DRS) to download and print Connecticut tax forms and publications.



## ADDITIONAL SERVICE CREDIT

- Both the complete documentation of service to be purchased and the application for retirement must be received or postmarked prior to the effective date of retirement.
- Additional credit is calculated on a school year basis (September through June), including military service. No credit is given for July and August.
- Substitute service and Part-time service (less than 50%) requires that a member work at least the equivalent of 40 days or more in a single school year in a single school system. For each 18 days of such service 1 month of additional credited service shall be given.
- A member may purchase up to 10 years of additional service in aggregate except for Outside State Teaching Service.
- A member may be allowed one year of Outside State Teaching Service (United States, its territories or possessions) for each two years of active full-time service as a Connecticut teacher. Any OSS years purchased in excess of ten years are purchased at full actuarial value.
- A maximum of three years of Peacetime Military service; 10 years of Wartime Military service.
- Leaves of absence are limited to one year for every five years of full-time Connecticut teaching service and no more than a maximum of three consecutive years.
- A maximum of two years of Federal Teacher Corps Service.
- State of Connecticut Employment in a non-teaching position must be a full-time permanent position.
- Part-time lecturing when not employed by a town Board of Education in a regular public school teaching position.
- Private schools or institutions and parochial school service is not purchasable credit.

In no event may any service be purchased if the member is receiving or will become entitled to receive a retirement benefit based upon such service from any governmental system other than the Connecticut Teachers' Retirement System, the U.S. Social Security Administration, or a non-regular military pension in the case of military service.

If you have purchasable service credit that you are interested in purchasing, please indicate below. If you have already purchased your service credit, leave this section blank.

Additional Service Credit	CT or Non-CT	Documentation Required	Documentation Status	
			Complete	In Progress
Wartime Military Service	CT	<a href="#">Discharge Papers (DD214)</a>	<input type="checkbox"/>	<input type="checkbox"/>
Peacetime Military Service	Non-CT	<a href="#">Discharge Papers (DD214)</a>	<input type="checkbox"/>	<input type="checkbox"/>
Military Dependents School	Non-CT	<a href="#">US Department of Defense Education Activity</a>	<input type="checkbox"/>	<input type="checkbox"/>
Outside State Teaching Service	Non-CT	<a href="#">Outside State Teaching Service Form</a>	<input type="checkbox"/>	<input type="checkbox"/>
New York City Department of Education Teaching Service	Non-CT	<a href="#">New York City Department of Education Teaching Service</a>	<input type="checkbox"/>	<input type="checkbox"/>
Previous Leave of Absence	CT	<a href="#">Previous Leave of Absence Form</a>	<input type="checkbox"/>	<input type="checkbox"/>
Previous Absence or Terminations Due to Pregnancy	CT	<a href="#">Special Rules for Absences Due to Maternity</a>	<input type="checkbox"/>	<input type="checkbox"/>
Previous Leave of Absence for Child Rearing Purposes When Not Granted by CT Local School District	CT	<a href="#">Child Rearing Leave of Absence – Special Board Policy</a>	<input type="checkbox"/>	<input type="checkbox"/>
Full-time Permanent State of CT Employment (including but not limited to Judicial, DMV, DPW, DPH)	Non-CT	<a href="#">State of CT Employment Non-Teaching Form</a>	<input type="checkbox"/>	<input type="checkbox"/>
American School for the Deaf Teaching Service	Non-CT	<a href="#">American School at Hartford for the Deaf Teaching Service Form</a>	<input type="checkbox"/>	<input type="checkbox"/>
CT Institute for the Blind Teaching Service	Non-CT	<a href="#">Connecticut Institute for the Blind Teaching Service Form</a>	<input type="checkbox"/>	<input type="checkbox"/>
Newington Children's Hospital Teaching Service	Non-CT	<a href="#">Newington Children's Hospital Teaching Service Form</a>	<input type="checkbox"/>	<input type="checkbox"/>
Substitute Teaching	CT	<a href="#">CT Public School Substitute Teaching Service Form</a>	<input type="checkbox"/>	<input type="checkbox"/>
Service as an Elected Official	Non-CT	<a href="#">Full-Time Salaried Elected Official Form</a>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Teacher Corps Service	Non-CT	<a href="#">Federal Teacher Corps Form</a>	<input type="checkbox"/>	<input type="checkbox"/>

Part-time Service (less than 50%)	CT	<a href="#">Less than Half-time Contractual Employment Form</a>	<input type="checkbox"/>	<input type="checkbox"/>
Peace Corps Service	Non-CT	<a href="#">Contact the Peace Corps</a>	<input type="checkbox"/>	<input type="checkbox"/>
Social Work Assistant in a Public School from 1969 to 1986	Non-CT	<a href="#">Social Work Assistant Public School Form</a>	<input type="checkbox"/>	<input type="checkbox"/>
VISTA Service	Non-CT	<a href="#">Contact VISTA</a>	<input type="checkbox"/>	<input type="checkbox"/>
Part-time Lecturer	CT	<a href="#">Part-time Lecturer Service Form</a>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Education Assignments - High School Credit Diploma Program Only - Not GED	CT	<a href="#">Adult Education Assignment Form</a>	<input type="checkbox"/>	<input type="checkbox"/>
Prior CT Service Withdrawn	CT	<a href="#">Prior Connecticut Teaching Service Form</a>	<input type="checkbox"/>	<input type="checkbox"/>
Hourly Paid Certified Teaching Service (Tutoring, CETA etc)	CT	<a href="#">Hourly Paid Certified Teacher Form</a>	<input type="checkbox"/>	<input type="checkbox"/>
State of CT Employment - Teaching (UCONN, colleges, CTHSS, State of CT agencies, i.e. DOC, DMR)	CT	<a href="#">State of CT Employment Teaching Form</a>	<input type="checkbox"/>	<input type="checkbox"/>
State Education Resource Center Teaching	Non-CT	<a href="#">State Education Resource Center Teaching Service Form</a> (PDF 94KB)	<input type="checkbox"/>	<input type="checkbox"/>

## PREVIOUS TEACHING SERVICE IN CONNECTICUT

These types of service are considered as membership credit. The cost is determined by using what mandatory contributions would have been paid at the time of employment plus the credited interest that would have accrued through the date of payment. **You cannot use the Additional Service Credit Cost Estimator for these types of service:**

- [Prior Connecticut Service](#)  
This is service you forfeited when you withdrew your contributions.
- [Hourly Paid Certified Teacher Form](#)  
If you have Tutor, Title One, Chapter IV, Head Start, ESL or CETA service.
- [Adult Education Assignment Form](#)  
If you taught in an Adult High School Credit Diploma Program.
- [State of CT Teaching Form](#)  
Previous teaching at UCONN, State Colleges, CTHSS, State of CT Agencies such as DOC, DMR.
- [Part-time Lecturer Form](#)  
If you were an active contributing member of CTRB and also were employed as a part-time lecturer at a CT State College or University, you may elect to include such earnings as part of your pensionable salary. Please be advised if you are currently working as a public school teacher and a part-time lecturer, you need to contact the university or college payroll office regarding your eligibility to enroll in CTRB and include your earnings as part of your pensionable salary, which may have an effect in determining your highest 3-year average at the time of your retirement.

**Current Leave of Absence** - You may elect to pay the monthly mandatory contributions while on your approved current [leave of absence](#) for a total of ten (10) months during your career for any leave occurring on or after July 1, 1986. To document this service, you must complete a [Current Leave of Absence Form \(TRB 53X\)](#) and return it to this office.

Do not use the Additional Service Credit Cost Estimator for these types of service. CTRB will calculate the cost.



## HEALTH INSURANCE

**Retirees with Public School Service:** Health Insurance is available to you, your Spouse or surviving Spouse; or to a disabled dependent if there is no Spouse or surviving Spouse; from your last employing Board of Education until you become a participant in Medicare Part A and Part B. A subsidy payment is sent directly to your Board of Education to offset your monthly out of pocket cost for your health insurance premium, your Spouse's health insurance premium or a disabled dependent's health insurance premium if there is no Spouse. Unless otherwise specified in the contract, the subsidy shall be first applied to any cost borne by the member, spouse, surviving spouse or disabled dependent participating in the plan. A surviving Spouse or a disabled dependent retains eligibility for this insurance coverage or the TRB Health Benefits unless or until he/she remarries.

Retirees whose last employer is the State of Connecticut should check with their Human Resource (HR) department for eligibility requirements and to obtain the necessary forms and instructions on how to enroll or remain enrolled in the State Employee health insurance plan.

Eligibility for the State Employees health insurance program for a surviving spouse of a retiree is linked to receiving a monthly retirement benefit.

Eligibility for the Teachers' Retirement Board health insurance program for a surviving spouse of a retiree is not linked to receiving a monthly retirement benefit.

A surviving spouse who remarries is not eligible for either the State Employees or the Teachers' Retirement Board health insurance program.

**For All Retirees:** Once you, your Spouse or surviving Spouse (or a disabled dependent if there is no Spouse or surviving Spouse) are participating in Medicare Part A and Part B you will have the option to enroll in either a Medicare Advantage plan or traditional supplement plan administered by the Connecticut Teachers' Retirement Board. The required enrollment application may be obtained from our website [www.ct.gov/trb](http://www.ct.gov/trb). The Application for Retirement Benefits and the TRB Sponsored Health Insurance Application must be submitted by the 25th of the 2nd month preceding the effective date of coverage (e.g., May 25th for coverage to be effective July 1st). A surviving Spouse becomes ineligible for this plan upon remarriage.

**Post Retirement Reemployment:** Retired members of the Teachers' Retirement System who work in public education in Connecticut after their retirement are subject to post retirement reemployment rules and in some cases earnings limitations from that reemployment. Failure to adhere to the rules, limitations and reporting requirements may impact a member's pension. For additional information refer to the [Post Retirement Reemployment](#) bulletin.

## A QUICK RETIREMENT CHECKLIST - BE SURE YOU:

- Include a copy of your Birth Certificate
- Include a copy of your co-participant's Birth Certificate if electing Plan D.
- Select your Payment Plan and specify your beneficiary.
- Specify your Federal and Connecticut State Tax Income Tax Withholding election.
- Choose your Supplemental Account and Voluntary Account distribution method.
- Indicate the type(s) of purchasable service credit that you wish to purchase (if applicable) and submit the required documentation.
- Complete the EFT Authorization Form.
- Sign and date this application (must bear original signature).
- Submit your application to the Teachers' Retirement Board, to the address on the first page. We recommend you mail it "return receipt requested."

Please make a copy of your application for your records as we are unable to provide that service if you drop off your application in person.

If you wish to receive an immediate confirmation that we have received the application, you should either send it to us via a service that requires us to sign a receipt, such as a private delivery service or the US mail using certified mail with a return receipt, or you should personally deliver it to us and obtain a receipt. After we review your application, we will issue a written confirmation, via email, that it is complete or we will inform you of any additional information that we require.

## CERTIFICATION AND ACKNOWLEDGMENT

The Teachers' Retirement Act prohibits the inclusion in annual salary of any amounts which are intended to artificially inflate a member's average annual salary. This would include any agreement or arrangement by which the member provides advance notice to the employer of his/her intent to retire and in return receives additional salary or compensation during the year's immediately preceding retirement.

I, therefore, certify and attest to the fact that I have NOT elected or participated in any agreement or arrangement which was intended to artificially inflate the average annual salary on which my retirement benefit will be determined.

I have reviewed and completed this Application for Retirement Benefits to the best of my knowledge. I understand that my retirement date and payment plan election will become IRREVOCABLE upon the effective date of my retirement.

I authorize the Teachers' Retirement Board to obtain all necessary information from my employer necessary to verify my service and earnings.

I, the undersigned, certify that I am not receiving or entitled to receive a retirement benefit from any governmental system other than this system, the Federal Social Security System or a non-regular military pension in the case of military service, for the service for which I have made application.

I, the undersigned, certify that I reviewed the Post Retirement Reemployment Bulletin and I am fully aware of the limitations under State and Federal law for reemployment of retired members in a Connecticut public school teaching assignment. I agree and authorize the Teachers' Retirement Board (TRB) to obtain any information they deem necessary to verify compliance with the Federal and State law requirements regarding my employment in a Connecticut public school. I further agree and authorize the TRB to reduce, suspend or offset against my monthly retirement benefit payment(s) any excess payments, as determined by the TRB, received by me in violation of the Post Retirement Reemployment earning limitations under federal or state law.

Signature of Member	Date
---------------------	------

**Changes to your effective date of retirement, payment plan option, supplemental or voluntary account election must be received in writing on the proper form prior to the effective date of your retirement. If you wish to rescind your Application for Retirement Benefits, you must submit your signed rescission in writing prior to the effective date of your retirement. Retirement application changes will be considered received on the date they are postmarked.**



CT TEACHERS' RETIREMENT BOARD  
 765 ASYLUM AVENUE 2<sup>ND</sup> FLOOR HARTFORD, CT 06105-2822  
 "An Affirmative Action/Equal Opportunity Employer"  
 Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 [www.ct.gov/trb](http://www.ct.gov/trb)

**ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION**

I authorize the CTRB to initiate the electronic deposit of my monthly recurring benefits into my personal account at a financial institution that is a participating member of the National Clearing House Association (NACHA). I understand that this bank account must be a personal bank account and not a business, trust or other form of account.

I also understand that by electing an electronic deposit of my benefit I will get a statement from the CTRB only when my monthly net benefit changes, rather than a monthly statement. The statement will denote the change including but not limited to changes in tax deductions or health insurance premiums thereby enabling me to account for all benefit activity.

This authorization applies to all monthly payments by the CTRB including retirement benefits, survivorship benefits, and disability allowances. In the event of my death, I authorize my estate to reimburse CTRB for any amounts which I was not entitled to receive and which were deposited following my death.

PLEASE CHECK THIS BOX IF THIS IS A NEW ADDRESS

Monthly Benefit Recipient's Name	Social Security Number
Street Address	Personal Email Address
City, State, Zip	Home Phone
Monthly Benefit Recipient's Signature	Date Signed

**MUST BE A PERSONAL BANK ACCOUNT OF THE MONTHLY BENEFIT RECIPIENT OR THE MONTHLY BENEFIT RECIPIENT'S LEGAL DESIGNEE (CONSERVATOR OR POA); MAY NOT BE A BUSINESS, TRUST, OR OTHER FORM OF ACCOUNT). ATTACH A VOIDED CHECK WHICH INCLUDES THE BANK NAME, ACCOUNT HOLDERS' NAME, ROUTING NUMBER, AND ACCOUNT NUMBER OR HAVE THE FINANCIAL INSTITUTION COMPLETE THE FOLLOWING:**

*Financial Institution must be a participating member of the National Automated Clearing House Association (NACHA).*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Routing Transit Number (Not to exceed)											Bank Account Number (Not to exceed 17 digits)											
Account Holder (must be or include Monthly Benefit Recipient's name)											Bank Account Type (select one):  Checking <input type="checkbox"/>  Savings <input type="checkbox"/>											
Name of Financial Institution																						
Street Address																						
City, State, Zip											Phone											
Signature of Bank Representative											Date Signed											

Check this box and sign under Monthly Benefit Recipient's signature above to decline EFT; CTRB will mail a paper check to the address on our records.

CTRB does not acknowledge the receipt of individual forms. CTRB must receive the completed form by the 1st of the month in order for the EFT to be effective at the end of the month. (Benefits for the month are issued on the last business day of that month.)

**This is a list of bulletins available on our website that may be of interest to you as a new retiree.**

### **Estimating Your Benefit**

Two versions of this benefit estimator have been developed to assist you in estimating your potential retirement benefit.

1. [Benefit Estimator Page](http://www.ct.gov/trb/taxonomy/ct_taxonomy.asp?DLN=41384&trbNav=|41384|) - is for on-line use only and is not designed to be saved on your PC.  
[http://www.ct.gov/trb/taxonomy/ct\\_taxonomy.asp?DLN=41384&trbNav=|41384|](http://www.ct.gov/trb/taxonomy/ct_taxonomy.asp?DLN=41384&trbNav=|41384|)
2. [Benefit Estimator Worksheet](http://www.ct.gov/trb/lib/trb/formsandpubs/PenAddCrWk92001.pdf) (PDF 39KB) - the PDF version of the Benefit Estimator.  
<http://www.ct.gov/trb/lib/trb/formsandpubs/PenAddCrWk92001.pdf>

### **Check Mailing/EFT Schedule**

This bulletin gives the date the checks are mailed, the date the monthly benefit payments are wired by electronic funds transfer (EFT) and the date we will accept a request for replacement of either.

<http://www.ct.gov/trb/cwp/view.asp?a=1582&q=272366>

### **Cost Of Living Adjustments**

This bulletin explains who gets a cost of living adjustment (cola) and when they get it. It also lists every cola granted since 1994.

<http://www.ct.gov/trb/lib/trb/formsandpubs/COLA.pdf>

### **Health Insurance Frequently Asked Questions**

Answers to frequently asked questions about our medicare supplemental plans and health insurance obtained through the last employing school district.

<http://www.ct.gov/trb/lib/trb/formsandpubs/hlthFAQs.pdf>

### **Social Security and Your CTRB Benefit**

Brief descriptions of Social Security's Government Pension Offset and Windfall Elimination Provisions.

<http://www.ct.gov/trb/lib/trb/formsandpubs/ss32001.pdf>

### **Post Retirement Reemployment**

Information on reemployment as a CT public school teacher. Including a list of subject shortage areas and priority school districts.

[http://www.ct.gov/trb/lib/trb/forms/postretirement/PR\\_PRET1718.pdf](http://www.ct.gov/trb/lib/trb/forms/postretirement/PR_PRET1718.pdf)

### **Taxability of Retirement Benefits** - Information regarding your tax obligation.

<http://www.ct.gov/trb/lib/trb/formsandpubs/Taxability122001.pdf>

### **Filing for Retirement/New Retiree - Questions & Answers**

Answers to frequently asked questions about the filing process and questions for new retirees.

[http://www.ct.gov/trb/lib/trb/forms/activeinactive/AI\\_FNROA.pdf](http://www.ct.gov/trb/lib/trb/forms/activeinactive/AI_FNROA.pdf)