



CT TEACHERS' RETIREMENT BOARD

765 ASYLUM AVENUE 2ND FLOOR HARTFORD, CT 06105-2822
Toll Free 1-800-504-1102 Local (860) 241-8400 Fax (860) 241-9295
"An Affirmative Action/Equal Opportunity Employer"

www.ct.gov/trb

State of Connecticut Employment – Non-Teaching Service

Sec. 10-183e of the CT Teachers' Retirement Act allows a member additional credited service for employment in a permanent full-time position for the State of CT. There is a separate form to document any teaching employment for the State of Connecticut.

Section A: (To be completed by the TRB Member)

| | |
|----------------|-------------------|
| Name | SS# |
| Address | Telephone |
| City State Zip | Email |
| Signature | Date of Signature |

Section B: (To be completed by Employer)

| | |
|--|--------------------------------------|
| State Agency, University, College, Department or Institution | Telephone |
| Name of person completing Section B | Title of person completing Section B |
| Address | Email |
| City State Zip | Fax |
| Signature of person completing Section B | Date of Signature |

- Title of the position held by the employee: _____
- Was this position: Full Time or Part Time
- Was this position: Temporary or Permanent
- Please provide the dates of employment: From: _____ To: _____.
- Were there any periods of absence exceeding a full month? Yes No
- If yes, please provide the dates of absences:

- Was this position covered by the CT State Employees Retirement System? Yes No

Please forward this form (Page 1 and Page 2) to the Office of the CT State Comptrollers for completion of Section C.
DO NOT SEPARATE THESE PAGES

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The member listed in Section A on Page 1: Has requested additional credit for service with the CT Teachers' Retirement System. In order to determine if the member is eligible to receive additional credit, we need the following information. If you have any questions regarding this form, please contact our office.

Member Name

Section C: (To be completed by the Retirement System covering the employment in Section B)

RETIREMENT SERVICES DIVISION
OFFICE OF THE STATE COMPTROLLER
55 ELM STREET
HARTFORD, CT 06106

Sec. 10-183p. Transfers between State Employees Retirement System (SERS), Teachers' Retirement System (TRS) and Alternate Retirement Program (ARP). In order to purchase credit under TRS members must divest all funds under SERS or ARP forfeiting all employer contributions and/or future benefits.

Name and Title of person completing Section C: _____

Telephone # _____ Fax # _____ Email _____

1. Please identify which retirement system the member belonged to: SERS ARP
 - a. If SERS, please identify which tier the member belonged to: _____
2. Is the individual currently an active member of the retirement plan in #1 above? YES NO
3. Employee Contribution Account
 - a. Is the plan contributory for the member? If no, go to #4 YES NO
 - b. Has the employee withdrawn these funds in full? YES NO
4. Employer Contribution Account
 - a. Is the plan contributory for the employer? If no, go to #5 YES NO
 - b. Can the employee forfeit these funds? YES NO
 - c. Has the employee forfeited these funds? YES NO
5. Is the member eligible for a benefit from your system now or in the future? YES NO
6. Provide dates of service: _____

After completion, please forward this original form (Page 1 and Page 2) to:

CT TEACHERS' RETIREMENT SYSTEM
765 ASYLUM AVE 2ND FLOOR
HARTFORD CT 06105-2822

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