



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

RETIREMENT PENSION BENEFIT SUSPENSION/REACTIVATION ELECTION FORM

In accordance with post reemployment rules, Connecticut public funds appropriated for education are required be reported. A member of the Connecticut Teachers' Retirement Board (CTRB) receiving retirement benefits from the system may elect to have their retirement pension benefit suspended in order to be employed in a teaching position and receive compensation paid out of public money appropriated for school purposes including salary, health insurance benefits and other employment benefits provided to active teachers employed by such school system. Retirement contributions would not be deducted from the reemployed retirees' salary; nor would service credit be earned based on the reemployment. Once the monthly pension benefit is reinstated, it will be the same as it was prior to reemployment; other than the possible accrual of cost of living adjustments.

Per state law, the member's salary shall be fixed at an amount at least equal to that paid other teachers in the same school system with similar training and experience for the same type of service.

Members who are reemployed for multiple years are not allowed to receive their pension during the period of reemployment including the summer months in between school years. Complete and submit this form by August 1st.

Effective July 1, 2017, health insurance from the reemploying board of education is no longer legally required to be offered, but is not prohibited. The member's board of education from where the member retired must continue to offer health insurance.

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.

Member Name _____ SSN _____ Date of Birth _____

Email Address _____ Phone Number _____

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS AND INDICATE EFFECTIVE DATES:

SUSPENSION: Effective _____, due to my reemployment. I understand that I must notify the CTRB four weeks prior to the start of my reemployment to ensure my monthly pension benefit is suspended prior to the start of the effective date.

I am authorizing the TRB to suspend my monthly pension benefit.

REACTIVATION: Effective _____, I understand that that I am responsible for notifying the CTRB four weeks prior to the conclusion of my reemployment to ensure my monthly pension benefit is reinstated in a timely fashion. I also understand that I am no longer eligible for active teacher health insurance and must seek a retirement health insurance plan.

I am authorizing the TRB to reactivate my monthly pension benefit.

PLEASE SELECT ONE OF THE FOLLOWING HEALTH INSURANCE OPTIONS:

- I am currently participating in one of the CTRB Health Insurance Plans and wish to continue.
- I elect to participate in the health insurance program from the employer of which I retired from and am eligible for TRB subsidy.
- My reemploying employer has offered me health insurance and I have elected to participate in active health insurance without any TRB subsidy. (NOTE: If reactivating pension benefit this is not an option)
- Other

Member Signature _____ Date _____ TRB Member Number _____

Print Name of Employing Board of Education	Reemployment Start Date	Reemployment End Date
Print Name & Position of Certifying Official	Certifying Official Phone	Certifying Official Email
Signature of BOE Certifying Official	Date of Signature	