



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

**AMERICAN SCHOOL AT HARTFORD FOR THE DEAF**

**TEACHING SERVICE**

**Section A: To be completed by the TRB member**

Member Name	Social Security # (last 4 digits only)
	XXX-XX-
Street Address	Email
City, State Zip	Phone
Member's Signature	Date

**Section B: To be completed by the American School at Hartford for the Deaf, 139 North Main ST, W Hartford CT 06107**

Position held by the member named in Section A: \_\_\_\_\_

Did this position require certification by the CT State Department of Education? Yes  No

Did the individual hold the appropriate State Department of Education certificate? Yes  No

Was the member eligible for participation in an employer retirement plan? Yes  No

Date Began Teaching	Date Ended Teaching	Full-time	Part-time	Percentage of Part-time

I hereby certify that the information which has been provided has been extracted from official payroll records or substantiating documents.

Name of Attesting Official		Title	
Fax	Phone	Email	
Signature		Date	

**Please forward both pages of this form to the retirement system that covered this individual's employment.**

## AMERICAN SCHOOL AT HARTFORD FOR THE DEAF TEACHING SERVICE

The member listed in Section A: \_\_\_\_\_ requests to purchase additional service credit in the Connecticut Teachers' Retirement Board. 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.

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

Name of Person Completing Section C		Title	
Fax	Phone		Email
Signature		Date	

1. Was the individual listed in Section A of this form a member of your retirement plan?      Yes  No
2. Was this plan  contributory or  non-contributory for the member?
3. Was membership in your retirement system  mandatory or  optional?
4. Is the member eligible for a pension benefit from your system now or in the future?      Yes  No
5. If a contributory plan, have the member's funds been withdrawn in full?      Yes  No

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

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