



CT TEACHERS' RETIREMENT BOARD
765 ASYLUM AVENUE HARTFORD, CT 06105-2822
"An Affirmative Action/Equal Opportunity Employer"
 Toll-Free 1-800-504-1102 (860) 241-8401 Fax (860) 622-2845 www.ct.gov/trb

RETIREMENT PENSION BENEFIT SUSPENSION ELECTION FORM
SCHOOL YEAR 2016-17

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.

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.

MEMBER ELECTION: (PLEASE PRINT OR TYPE)

Member Name _____ SSN _____

Mailing Address _____

Email Address _____ Phone Number _____

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

I am currently participating in the CTRB Health Insurance plan and wish to continue. I understand that I am required to pay the full cost of the health program, including the State and Health Fund share and that the Teachers' Retirement Board will provide me with a bank debit authorization form to debit my bank account for the premium. I will make arrangements with my hiring board of education to receive reimbursement of the premium amount from them. I understand it is my responsibility to provide the CTRB with written notice of my retirement to allow sufficient time to activate my monthly pension benefit.

I elect to participate in the health insurance program of my hiring board of education and understand this health plan is not eligible for State of CT/ Teachers' Retirement Board funding; and that the hiring Board of Education (or other reporting entity hiring CT teachers) is required to offer health insurance to me on the same basis and cost sharing as active teachers.

Other.

By signing below, I am authorizing the CTRB to suspend my monthly pension benefit from

_____ to _____ due to my reemployment and I understand 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.

Member Signature _____ Date _____

SUBMIT THIS COMPLETED FORM BY AUGUST 15TH FOR THE 2016-17 SCHOOL YEAR, OR PRIOR TO THE LAST DAY OF THE FIRST MONTH REEMPLOYED