



CT TEACHERS' RETIREMENT BOARD
 165 CAPITOL AVENUE HARTFORD CT 06106-1673
 Toll free 1-800-504-1102 (959) 867-6333 Fax (860) 525-6018 www.ct.gov/trb
"An Affirmative Action/Equal Opportunity Employer"

CONNECTICUT INSTITUTE FOR THE BLIND
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 Connecticut Institute for the Blind, 120 Holcomb ST, Hartford CT 06112-1529

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.

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The member listed in Section A: _____ requests to purchase additional service credit in the CT 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 If a contributory plan, have the member's funds been withdrawn in full?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:

**CT TEACHERS' RETIREMENT SYSTEM
165 CAPITOL AVENUE
HARTFORD CT 06106-1673**