



**TEACHERS' RETIREMENT BOARD**  
165 Capitol Avenue  
Hartford, CT 06106-1673

Toll free: 1 (800) 504-1102  
Website: [www.ct.gov/trb](http://www.ct.gov/trb)

**RETIREMENT APPLICATION FORM**

## **APPLICATION FOR RETIREMENT BENEFITS SECTION SUMMARY**

- Section I:** Member Demographic Information
- Section II:** Election of Supplemental and/or Voluntary Accounts
- Section III:** Monthly Retirement Payment Plan Election
- Section IV:** Electronic Funds Transfer (EFT) Authorization Form
- Section V:** Tax Withholding Election Form
- Section VI:** Additional Service Credit (optional)
- Section VII:** Certification and Acknowledgement

The last four pages of this document, pages 14-17, are for informational purposes only. These do not need to be returned to the CTRB with your retirement application. Please keep for your records.



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**RETIREMENT APPLICATION FORM**

**APPLICATION FOR RETIREMENT BENEFITS**

**I: Member Demographic Information**

Print clearly in ink or type. Do not use white out. Initial any changes that you make.

<b>LAST DAY OF EMPLOYMENT or LEAVE OF ABSENCE (must be prior to retirement date)</b>	<b>LAST EMPLOYING BOARD OF EDUCATION</b>	<b>EFFECTIVE DATE OF RETIREMENT</b>
Month / Day / Year		Month Year
/ /		/ 01 /

**MEMBER INFORMATION**

**SPOUSE INFORMATION (if living)**

Member Last Name	Member First Name	MI	Spouse Last Name	Spouse First Name	MI
Date of Birth	Social Security #		Spouse Date of Birth	Spouse Social Security #	
Address					
City	State	Zip	Personal Email		
Physical Address (If above address is a P.O. Box)					
City	State	Zip	Home Phone		Cell Phone

**If you have demographic changes within 1 month of retirement, please provide the information below**

New Mailing Address	
Effective Date of Change	New Home Phone Number

**RETIREMENT APPLICATION FORM**  
**Member SSN or TRB #:**



**RETIREMENT APPLICATION FORM**

**II: ELECTION OF SUPPLEMENTAL and/or VOLUNTARY ACCOUNTS**

Members who were employed prior to June 1989 may have a 1% Supplemental account. Those members who paid additional monies into the system have a Voluntary Account. Your choices for distribution are:

- **Refund/Rollover.** Funds may be refunded directly to you, in which case, any pre-tax contributions and interest will become taxable. Alternatively, pre-tax contributions and interest may be rolled over into another “qualified plan”, such as an IRA. The paperwork for the refund/rollover option will be mailed to you after the effective date of your retirement. Failure to return the paperwork for the refund/rollover option on a timely basis will result in your funds being refunded directly to you which may result in federal or state tax liabilities and related penalties.
- **Extra Annuity.** You will receive a fixed payment based on your account balances, included in your monthly benefit, payable over your lifetime under the terms and conditions of the payment plan you select. These fixed payments are excluded from cost of living increases. Upon your death your account balances are settled in accordance with the provisions of your retirement plan option (refer to page 6). Contributions to an Extra Annuity are included in the balance summary of your account at the time of your passing and will not be itemized. Effective 9/1/2021, TRB is able to accept rollover funds for an Extra Annuity. Please see the [Annuity Bulletin](#).
- **Purchase Credit.** You may apply your supplemental or voluntary account balance toward the purchase of credit. Post-tax contributions are applied first, then pre-tax contributions and interest. Any balance remaining in the supplemental or voluntary account will be refunded to you.

Your election to use your supplemental or voluntary account to purchase credit that you make on this application for Retirement Benefits is not binding. We will issue you an invoice for the cost of the service. If you wish to use your supplemental or voluntary account to pay all or any portion of the invoice, you must specify that in writing on the invoice and return a signed copy of the invoice to us on or before the due date of the invoice.

**Check one category for each Account you have.** If in doubt, refer to your annual statement.

Account Type	Refund/Rollover	Extra Annuity	Purchase Credit
1% Supplemental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Public Act 21-186 restored the ability of teachers to roll funds** (for any retirements beginning on September 1, 2021, or later) from certain tax-deferred accounts such as a 403(b) into the Teachers’ Retirement System at retirement in order to purchase the TRB’s fixed annuity. If you wish to roll funds into your retirement benefit as a purchase of the fixed annuity, please check the box below and complete the [Direct Rollover](#) form on our website. **Note:** Rollover checks must be payable to CTRB for the Benefit of (Member’s Name) and be comprised solely of pre-tax funds. Checks must be postmarked no sooner than two months prior to and no later than the day prior to your retirement effective date.

I will be submitting paperwork to roll funds from a qualifying tax-deferred account into the TRB’s fixed annuity option.	<input type="checkbox"/>
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<b>RETIREMENT APPLICATION FORM</b> Member SSN or TRB #:
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**III: MONTHLY RETIREMENT PAYMENT PLAN ELECTION**

(Choose One Payment Plan - N, C or D)

**PLAN N, NORMAL ALLOWANCE (Partial Refund Option)**

You will receive the largest monthly benefit payment for life. Upon your death, your designated beneficiary or Estate will receive a lump sum payment of your account balances at the time of retirement reduced by either 25% or 50% of the benefits you have received. The reduction will be 25% if you have accumulated ten years of credited service in the public school system of CT prior to July 1, 2019, otherwise it will be 50%. Please fill out Beneficiary Designation on next page.

\_\_\_\_\_  
 Member's Signature – Electing Plan N      Member's Social Security #      Date

**PLAN C, PERIOD CERTAIN OPTION**

You will receive a reduced monthly benefit payment for life based on your age and the period certain you select. If you die within the period certain you select, your designated beneficiary will receive the same monthly benefit as you were receiving for the remainder of the period certain. If your primary beneficiary begins to receive payments and dies before the remainder of the guaranteed period certain expires, the value of any installments due will be paid in a lump sum to your beneficiary's Estate. You may designate one or more beneficiaries. Please fill out Beneficiary Designation below.

**Check One:**     5 years     10 years     15 years     20 years     25 years

\_\_\_\_\_  
 Member's Signature – Electing Plan C      Member's Social Security #      Date

**PLAN D, CO-PARTICIPANT OPTION (Partial Refund Option)**

You will receive a reduced monthly benefit payment for life based on your age, your co-participant's age, and the percentage option you select for your co-participant to receive upon your death. You may choose 100%, 75%, 66.6%, 50% or 33.3% of your reduced benefit to be continued to your co-participant. Monthly benefits cease upon the second death. Should your co-participant predecease you or you become divorced from your co-participant, your benefit would become the Plan N amount. Effective July 1, 2016, upon the divorce of a member and such member's designated co-participant subsequent to the member's retirement, the member may retain the co-participant designation and the co-participant option elected at the time of retirement by filing a qualified domestic relations order with the board. When benefits terminate for you and/or your co-participant, your beneficiary, your estate, or your co-participant's estate will receive a lump sum payment of the member's account balances at the time of retirement reduced by either 25% or 50% of total payments made to the member and the co-participant. The reduction will be 25% if you have accumulated ten years of credited service in the public school system of CT prior to July 1, 2019, otherwise it will be 50%.

**Check One:**     100%     75%     66.6%     50%     33.3%

Co-participant Name/Address	Relationship	Social Security #	Date of Birth (copy of birth cert. req)
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\_\_\_\_\_  
 Member's Signature – Electing Plan D      Member's Social Security #      Date

**RETIREMENT APPLICATION FORM**  
 Member SSN or TRB #:



**RETIREMENT APPLICATION FORM**

**BENEFICIARY DESIGNATION FOR RETIREMENT PAYMENT PLANS N OR C (Required)**

Use this area to designate your beneficiary or beneficiaries **for Retirement Payment Plans N or C**. Also indicate with a mark in the appropriate box, whether your designated beneficiary is primary or contingent. A payment is only made to a contingent beneficiary if the primary beneficiary dies before any payments are initiated to the primary. "Per Stirpes" designation is not accepted (unnamed or unborn beneficiaries).

<b>Beneficiary Designation</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent		
Full Name	Relationship to Member		Social Security #	Date of Birth
Address			Email	
City	State	Zip	Phone	
<b>Beneficiary Designation</b>				
<b>Beneficiary Designation</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent		
Full Name	Relationship to Member		Social Security #	Date of Birth
Address			Email	
City	State	Zip	Phone	
<b>Beneficiary Designation</b>				
<b>Beneficiary Designation</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent		
Full Name	Relationship to Member		Social Security #	Date of Birth
Address			Email	
City	State	Zip	Phone	

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**Member SSN or TRB #:**



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**IV: ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION**

I authorize the CTRB to initiate the electronic deposit of my monthly recurring benefits into my personal account at a financial institution that is a participating member of the National Clearing House Association (NACHA). I understand that this bank account must be a personal bank account and not a business, trust, or other form of account.

I also understand that by electing an electronic deposit of my benefit I will get a statement from the CTRB only when my monthly net benefit changes, rather than a monthly statement. The statement will denote the change including but not limited to changes in tax deductions or health insurance premiums thereby enabling me to account for all benefit activity.

This authorization applies to all monthly payments by the CTRB including retirement benefits, survivorship benefits, and disability allowances. In the event of my death, I authorize my estate to reimburse CTRB for any amounts which I was not entitled to receive, and which were deposited following my death.

Benefit Recipient's First Name		Benefit Recipient's Last Name		Social Security Number	
<b>Note: Health Plan Participants – A physical address is required if providing a PO Box</b>					
Address Line 1			Address Line 2		
City		State	Zip	Home Phone	
Physical Address Line 1			Physical Address Line 2		
City		State	Zip	Email Address	
Monthly Benefit Recipient's Signature				Date Signed	

**MUST BE A PERSONAL BANK ACCOUNT OF THE MONTHLY BENEFIT RECIPIENT OR THE MONTHLY BENEFIT RECIPIENT'S LEGAL DESIGNEE (CONSERVATOR OR POA); MAY NOT BE A BUSINESS, TRUST, OR OTHER FORM OF ACCOUNT.**

**ATTACH A VOIDED CHECK WHICH INCLUDES THE BANK NAME, ACCOUNT HOLDERS' NAME, ROUTING NUMBER, AND ACCOUNT NUMBER OR HAVE THE FINANCIAL INSTITUTION COMPLETE THE FOLLOWING:**

*Financial Institution must be a participating member of the National Automated Clearing House Association (NACHA).*

Routing Transit Number (Not to exceed 9 digits)												Bank Account Number (Not to exceed 17 digits)											
Account Holder <i>(must be or include Monthly Benefit Recipient's name)</i>												Bank Account Type (select one):  Checking <input type="checkbox"/>  Savings <input type="checkbox"/>											
Name of Financial Institution																							
Street Address																							
City				State		Zip		Phone															
Signature of Bank Representative												Date Signed											
<input type="checkbox"/> I hereby certify that I am no longer a Connecticut resident. Please cancel my CT withholding.																							
<input type="checkbox"/> Check this box and sign under Monthly Benefit Recipient's signature above to decline EFT; CTRB will mail a paper check to the address on our records.																							

*CTRb must receive the completed form by the 1st of the month in order for the EFT to be effective at the end of the month. (Benefits for the month are issued on the last business day of that month.)*

**RETIREMENT APPLICATION FORM**  
**Member SSN or TRB #:**

Department of Revenue Services  
 State of Connecticut  
 (Rev. 12/25)

# Form CT-W4P

## Withholding Certificate for Pension or Annuity Payments

# 2026

**Purpose:** Form CT-W4P is for Connecticut resident recipients of pensions, annuities, and certain other deferred compensation, to tell payers the correct amount of Connecticut income tax to withhold. Read the instructions on Page 2 before completing this form.

**New** Effective January 1, 2025, new legislation no longer requires payers to withhold income tax from certain retirement income distributions. Payers are still required to withhold income tax from lump sum distributions. A "lump sum distribution" is defined as any distribution greater than \$5,000 or more than 50% of the payee's entire account balance, whichever is less. Payees may request the payer to withhold income tax withholding by completing Form CT-W4P.

**Instructions for payees requesting payers to withhold income tax from distributions or payees receiving lump sum distributions:**

- Step 1:** (Required) Select the filing status and description of income from the chart below that best matches your situation. Enter the corresponding Withholding Code on Line 1.
- Step 2:** (Optional) To see the amount of tax that will be withheld monthly, see the *Monthly Connecticut Withholding Calculator* in **myconneCT** at [portal.ct.gov/DRS-myconneCT](http://portal.ct.gov/DRS-myconneCT).
- Step 3:** (Optional) To increase or decrease the amount that will be withheld, enter an additional amount on Line 2, or a reduction amount on Line 3.

**Instructions for Nonperiodic Payments, such as an on demand distribution:** Do **not** use the chart below. Either enter *Withholding Code* "E" on Line 1 which will result in \$0 withholding; **or** enter *Withholding Code* "E" on Line 1 and a dollar amount on Line 2 for a specific amount to be withheld. If neither of these options are indicated, your payer will withhold at 9.9%.

Married Filing Jointly	Withholding Code
Our expected combined annual gross income is <b>less</b> than or equal to \$24,000 <b>or</b> no withholding is necessary (i.e., withholding from other income source).	<b>E</b>
My spouse <b>has</b> income subject to withholding and our expected combined annual gross income is <b>greater</b> than \$24,000 and less than or equal to \$100,500.	<b>A</b>
My spouse <b>does not</b> have income subject to withholding and our expected combined annual gross income is <b>greater</b> than \$24,000.	<b>C</b>
My spouse <b>has</b> income subject to withholding and our expected combined annual gross income is <b>greater</b> than \$100,500.	<b>D</b>
I have significant other income and wish to avoid having too little tax withheld.	<b>D</b>

Qualifying Surviving Spouse	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$24,000 <b>or</b> no withholding is necessary (i.e., withholding from other income source).	<b>E</b>
My expected annual gross income is <b>greater</b> than \$24,000.	<b>C</b>
I have significant other income and wish to avoid having too little tax withheld.	<b>D</b>

Married Filing Separately	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$12,000 <b>or</b> no withholding is necessary (i.e., withholding from other income source).	<b>E</b>
My expected annual gross income is <b>greater</b> than \$12,000.	<b>A</b>
I have significant other income and wish to avoid having too little tax withheld.	<b>D</b>

Single	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$15,000 <b>or</b> no withholding is necessary (i.e., withholding from other income source).	<b>E</b>
My expected annual gross income is <b>greater</b> than \$15,000.	<b>F</b>
I have significant other income and wish to avoid having too little tax withheld.	<b>D</b>

Head of Household	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$19,000 <b>or</b> no withholding is necessary (i.e., withholding from other income source).	<b>E</b>
My expected annual gross income is <b>greater</b> than \$19,000.	<b>B</b>
I have significant other income and wish to avoid having too little tax withheld.	<b>D</b>

Submit completed form to the payer of your pension or annuity, **not** DRS.

Department of Revenue Services  
 State of Connecticut

## Withholding Certificate for Pension or Annuity Payments

## 2026 Form CT-W4P

**Complete the following applicable lines.**

1. Withholding Code: See instructions above. 1. \_\_\_\_\_
2. Additional withholding amount per payment, if any. 2. \$ \_\_\_\_\_
3. Reduced withholding amount per payment, if any. 3. \$ \_\_\_\_\_

First name	MI	Last name	Social Security Number
Home address (number and street, apartment number, suite number, PO Box)			Claim or identification number (if any) of your pension or annuity contract
City/town	State	ZIP code	

**Declaration:** I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Payee's signature	Date
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**FEDERAL TAX WITHHOLDING CHANGE FORM**

**A separate form must be submitted for each monthly benefit you get from TRB**

Name (please print)			Social Security #	
Address Line 1 (Check box if this is an Address Change) <input type="checkbox"/>			Address Line 2	
City	State	Zip	Email	
Telephone			Cell Phone	
If getting multiple benefits from TRB, specify which benefit this form applies to: <input type="checkbox"/> Member Benefit <input type="checkbox"/> Survivorship Benefit <input type="checkbox"/> QDRO Benefit				
<input type="checkbox"/> I am no longer a resident of Connecticut. Please cancel my CT withholding.				
<input type="checkbox"/> I do not want federal income tax withheld from my CTRB Benefit. This does not release you from the liability for any federal income tax due.				

**Step 1: Federal Withholding**

- Single or married filing separately
- Married filing jointly or qualifying surviving spouse
- Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

**Complete Steps 2–4 ONLY if they apply to you.** Visit [www.irs.gov/pub/irs-pdf/fw4p.pdf](http://www.irs.gov/pub/irs-pdf/fw4p.pdf) for detailed instructions and worksheets for completing tax withholding information.

**Step 2: Income From a Job or Multiple Pensions/Annuities (Including a Spouse's Job or Pension/Annuity)**

Complete this step if you (1) receive income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity.

Complete the items below.

- i) If you (or your spouse) have a job(s), enter the total taxable annual pay from all job(s) and any other income entered on Form W-4, Step 4(a), less the deductions entered on Form W-4, Step 4(b). If you (or your spouse) do not have a job(s), enter "-0-" ..... \$ \_\_\_\_\_
- ii) If you (or your spouse) have another pension/annuity that pays less annually than this pension/annuity, enter the total annual taxable payments from those other sources. If this is the only pension/annuity or it pays the least taxable amount annually, enter "-0-" ..... \$ \_\_\_\_\_
- iii) Add the amounts from items (i) and (ii) and enter the total here ..... \$ \_\_\_\_\_

**TIP:** To be accurate, submit a 2026 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.



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If you (or your spouse) have a job, do not complete Steps 3–4(b) on this form.

**Complete Steps 3–4(b)** on this form only if (b)(i) is blank and this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

**Step 3: Claim Dependent and Other Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000. . . . . \$ \_\_\_\_\_

Multiply the number of other dependents by \$500. . . . . \$ \_\_\_\_\_

Add other credits, such as foreign tax credit and education tax credits. . . . . \$ \_\_\_\_\_

Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . . .

3 \$ \_\_\_\_\_

**Step 4 (optional): Other Adjustments**

a) **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable Social Security and dividends . . . . .

4(a) \$ \_\_\_\_\_

b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet from www.irs.gov/pub/irs-pdf/fw4p.pdf and enter the result here . . . . .

4(b) \$ \_\_\_\_\_

c) **Extra withholding.** Enter any additional tax you want withheld from each payment . . . . .

4(c) \$ \_\_\_\_\_

<b>Monthly Benefit Recipient's Signature</b>	<b>Date</b>
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*CTRB does not acknowledge the receipt of individual forms. CTRB must receive the completed form by the 1<sup>st</sup> of the month in order for the change to be effective at the end of the month. (Benefits for the month are issued on the last business day of that month.) We require that the net monthly amount payable to the member be at least \$10 after all deductions.*

*This form supersedes and replaces any previous withholding elections, including extra withholdings.*

**Please submit form to:**

165 Capitol Avenue  
Hartford, CT 06106

**You may also Fax or Email to the contact provided in the Footer of this document**

This form will be denied under the following circumstances:

1. SSN Missing or not matching TRB records.
2. Filing Status is not checked.
3. Receiving multiple benefits from TRB, but benefit type not elected.
4. Totals in Steps 2 and 3 don't add up.
5. Step 2b(i) is filled and steps 3 through 4b are non-zero. These must be reported on the W4 filled in for your Employer.
6. Signature and/or date missing.



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## RETIREMENT APPLICATION FORM

### VI: ADDITIONAL SERVICE CREDIT

- Both the complete documentation of service to be purchased and the application for retirement must be received or postmarked prior to the effective date of retirement.
- Additional credit is calculated on a school year basis (September through June), including military service. No credit is given for July and August.
- Substitute service and Part-time service (less than 50%) requires that a member work at least the equivalent of 40 days or more in a single school year in a single school system. For each 18 days of such service 1 month of additional credited service shall be given.
- A member may purchase up to 10 years of additional service in aggregate except for Outside State Teaching Service.
- A member may be allowed one year of Outside State Teaching Service (United States, its territories or possessions) for each two years of active full-time service as a Connecticut teacher. Any OSS years purchased in excess of ten years are purchased at full actuarial value.
- A maximum of three years of Peacetime Military service; 10 years of Wartime Military service.
- Leaves of absence are limited to one year for every five years of full-time Connecticut teaching service and no more than a maximum of three consecutive years.
- A maximum of two years of Federal Teacher Corps Service.
- State of Connecticut Employment in a non-teaching position must be a full-time permanent position.
- Part-time lecturing when not employed by a town Board of Education in a regular public school teaching position.
- Private schools or institutions and parochial school service are not purchasable credit.

In no event may any service be purchased if the member is receiving or will become entitled to receive a retirement benefit based upon such service from any governmental system other than the Connecticut Teachers' Retirement System, the U.S. Social Security Administration, or a non-regular military pension in the case of military service.

If you have purchasable service credit that you are interested in purchasing, please indicate on page 12 (see next page).  
If you have already purchased your service credit, leave this section blank.



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## RETIREMENT APPLICATION FORM

**Attached:** Please select the Attached box for any service you are requesting to purchase, and the form is included with the submission of this application

**With Board of Ed:** Please select this box for any service you have begun requesting but paperwork is pending with the board of education to be completed prior to sending it to CTRS

**TRB:** Please select this box for any service you have requested to purchase previously but have not yet received an invoice for and must be completed prior to retirement

### PREVIOUS TEACHING SERVICE IN CONNECTICUT

These types of service are considered as membership credit. The cost is determined by using what mandatory contributions would have been paid at the time of employment plus the credited interest that would have accrued through the date of payment. **You cannot use the Additional Service Credit Cost Estimator for these types of service:**

- Prior Connecticut Service - This is service you forfeited when you withdrew your contributions.
- Hourly Paid Certified Teacher Form - If you have Tutor, Title One, Chapter IV, Head Start, ESL or CETA service.
- Adult Education Assignment Form - If you taught in an Adult High School Credit Diploma Program.
- State of CT Teaching Form - Previous teaching at UCONN, State Colleges, CTHSS, State of CT Agencies such as DOC, DMR.
- Part-time Lecturer Form - If you were an active contributing member of CTRB and also were employed as a part-time lecturer at a CT State College or University, you may elect to include such earnings as part of your pensionable salary. Please be advised if you are currently working as a public school teacher and a part-time lecturer, you need to contact the university or college payroll office regarding your eligibility to enroll in CTRB and include your earnings as part of your pensionable salary, which may have an effect in determining your highest 3-year average at the time of your retirement.

**Current Leave of Absence** - You may elect to pay the monthly mandatory contributions while on your approved current leave of absence for a total of ten (10) months during your career for any leave occurring on or after July 1, 1986. To document this service, you must complete a Current Leave of Absence Form (TRB 53X) and return it to this office.



**RETIREMENT APPLICATION FORM**

Additional Service Credit	CT or Non-CT	Documentation Required	Documentation Status		
			Attached	With Board of Ed	TRB
Wartime Military Service	CT	<u>Discharge Papers (DD214)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peacetime Military Service	Non-CT	<u>Discharge Papers (DD214)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Dependents School	Non-CT	<u>US Department of Defense Education Activity</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside State Teaching Service	Non-CT	<u>Outside State Teaching Service Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New York City Department of Education Teaching Service	Non-CT	<u>New York City Department of Education Teaching Service</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous Leave of Absence	CT	<u>Previous Leave of Absence Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous Absence or Terminations Due to Pregnancy	CT	<u>Special Rules for Absences Due to Maternity</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous Leave of Absence for Child Rearing Purposes When Not Granted by CT Local School District	CT	<u>Child Rearing Leave of Absence – Special Board Policy</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-time Permanent State of CT Employment (including but not limited to Judicial, DMV, DPW, DPH)	Non-CT	<u>State of CT Employment Non-Teaching Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American School for the Deaf Teaching Service	Non-CT	<u>American School at Hartford for the Deaf Teaching Service Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Institute for the Blind Teaching Service	Non-CT	<u>Connecticut Institute for the Blind Teaching Service Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newington Children's Hospital Teaching Service	Non-CT	<u>Newington Children's Hospital Teaching Service Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substitute Teaching	CT	<u>CT Public School Substitute Teaching Service Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service as an Elected Official	Non-CT	<u>Full-Time Salaried Elected Official Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Teacher Corps Service	Non-CT	<u>Federal Teacher Corps Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-time Service (less than 50%)	CT	<u>Less than Half-time Contractual Employment Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peace Corps Service	Non-CT	<u>Contact the Peace Corps</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Work Assistant in a Public School from 1969 to 1986	Non-CT	<u>Social Work Assistant Public School Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISTA Service	Non-CT	<u>Contact VISTA</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-time Lecturer	CT	<u>Part-time Lecturer Service Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Education Assignments - High School Credit Diploma Program Only - Not GED	CT	<u>Adult Education Assignment Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior CT Service Withdrawn	CT	<u>Prior Connecticut Teaching Service Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hourly Paid Certified Teaching Service (Tutoring, CETA, etc)	CT	<u>Hourly Paid Certified Teacher Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State of CT Employment - Teaching (UConn, colleges, CTHSS, State of CT agencies, i.e. DOC, DMR)	CT	<u>State of CT Employment Teaching Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Education Resource Center Teaching	Non-CT	<u>State Education Resource Center Teaching Service Form</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**TEACHERS' RETIREMENT BOARD**  
 165 Capitol Avenue  
 Hartford, CT 06106-1673

Toll free: 1 (800) 504-1102  
 Website: www.ct.gov/trb

**RETIREMENT APPLICATION FORM**

**VII: CERTIFICATION AND ACKNOWLEDGMENT**

The Teachers' Retirement Act prohibits the inclusion in annual salary of any amounts which are intended to artificially inflate a member's average annual salary. This would include any agreement or arrangement by which the member provides advance notice to the employer of his/her intent to retire and in return receives additional salary or compensation during the years immediately preceding retirement.

I, therefore, certify and attest to the fact that I have NOT elected or participated in any agreement or arrangement which was intended to artificially inflate the average annual salary on which my retirement benefit will be determined.

I have reviewed and completed this Application for Retirement Benefits to the best of my knowledge. I understand that my retirement date and payment plan election will become IRREVOCABLE upon the effective date of my retirement.

I authorize the Teachers' Retirement Board to obtain all necessary information from my employer necessary to verify my service and earnings.

I, the undersigned, certify that I am not receiving or entitled to receive a retirement benefit from any governmental system other than this system, the Federal Social Security System, or a non-regular military pension in the case of military service, for the service for which I have made an application.

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.

Signature of Member	Date
Member Name (Please Print or Type)	SSN or TRB #

**Changes to your effective date of retirement, payment plan option, supplemental or voluntary account election must be received in writing on the proper form prior to the effective date of your retirement. If you wish to rescind your Application for Retirement Benefits, you must submit your signed rescission in writing prior to the effective date of your retirement. Retirement application changes will be considered received on the date they are postmarked.**

Applications must be mailed with signature to:

**TEACHERS' RETIREMENT BOARD**  
**165 Capitol Avenue**  
**Hartford CT 06106-1673**

**Applications received via fax or email will not be accepted**

**Please avoid using staples or paperclips when mailing this document.**

<b>RETIREMENT APPLICATION FORM</b> <b>Member SSN or TRB #:</b>
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## RETIREMENT APPLICATION FORM

# RETIREMENT APPLICATION FILING INFORMATION

### MINIMUM ELIGIBILITY REQUIREMENTS TO COLLECT A RETIREMENT BENEFIT:

- 10 years CT credited service at age 60
- 20 years credited service at age 55 (15 of which must be CT credited service)
- 25 years credited service at any age (20 of which must be CT credited service)
- Separation from service prior to the effective date of retirement. (This means you have left your CT teaching job and do not intend to return to employment in the school district from which you retired.)

### MANDATORY FILING REQUIREMENTS, DUE BEFORE YOUR RETIREMENT DATE:

- Completed Retirement Application
- Photocopy of your Birth Certificate
- Photocopy of your Co-participant's Birth Certificate (if electing Plan D)
- Acceptable documentation of potential service credit to be purchased, if applicable

Your retirement may become effective on the first day of any month following your last day of employment or leave of absence, provided this completed application, and required documents are received, or postmarked prior to the effective date of your retirement and that you meet eligibility for an immediate retirement benefit. Benefits accrue on the first day of the month and are paid at the end of the month. Members who retire effective July 1st will receive their first benefits (for the months of July and August) no earlier than the end of August.

It is recommended that you make a copy of your application for your records as we are unable to provide that service if you drop off your application in person.

If you wish to receive an immediate confirmation that we have received the application, you should either send it to us via a service that requires us to sign a receipt, such as a private delivery service or the US mail using certified mail with a return receipt, or you should personally deliver it to us and obtain a receipt.

**After we review your application, we will issue a written confirmation, via email, that it is complete, or we will inform you of any additional information that we require.**

### Time your retirement to fit your goals. Consider these items:

- Your first pension deposit may take up to 3 months
- Purchase service as early as possible to avoid tight deadlines around retirement



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## RETIREMENT APPLICATION FORM

# HEALTH INSURANCE

### Retirees with Public School Service:

**Pre-Medicare:** If you elect to retire before you become eligible for Medicare you may continue to obtain insurance coverage through your last employing board of education. This option is also available to your Spouse or Surviving Spouse; or to a disabled dependent if at least one parent is deceased. A subsidy payment is sent directly to your Board of Education to offset your monthly out of pocket cost for your health insurance premium, your Spouse's health insurance premium or a disabled dependent's health insurance premium if there is no Spouse. Should the retiree pass away, a surviving Spouse who has not remarried or a disabled dependent retains eligibility for this insurance coverage or the TRB Health Benefits for their lifetime.

Retirees whose last employer is the State of Connecticut should check with their Human Resource (HR) department for eligibility requirements and to obtain the necessary forms and instructions on how to enroll or remain enrolled in the State Employee health insurance plan.

Eligibility for the State Employees health insurance program for a surviving spouse of a retiree is linked to receiving a monthly retirement benefit.

Eligibility for the Teachers' Retirement Board health insurance program for a surviving spouse of a retiree is not linked to receiving a monthly retirement benefit.

A surviving spouse who remarries is not eligible for either the State Employees or the Teachers' Retirement Board health insurance program.

### For All Retirees who are Medicare Eligible:

Once you, your Spouse or surviving Spouse (or a disabled dependent if there is no Spouse or surviving Spouse) are participating in Medicare Part A and Part B you will have the option to enroll in either a Medicare Advantage plan or traditional Supplement plan administered by the Connecticut Teachers' Retirement Board. The required enrollment application may be obtained from our website under the health insurance section at [www.ct.gov/trb](http://www.ct.gov/trb). ***The Application for Retirement Benefits and the TRB Sponsored Health Insurance Application must be submitted 30 days prior to the effective date of coverage (e.g., June 1st for coverage to be effective July 1st).*** A surviving Spouse becomes ineligible for this plan upon remarriage.

Premiums for the CTRB sponsored Medicare Advantage or traditional Supplement plan are deducted from the retiree's pension benefit. Premiums are deducted one pay period in advance to cover the enrollee for the upcoming month. New retirees will have a retro deduction taken from their first or second payment until the premium balance is current. For example: July retirees who enroll for July 1<sup>st</sup> into the health insurance plan will have a retroactive deduction from their benefit at the end of September, October, and November to account for the premium owed for July, August, and September.

Spouses are eligible to enroll in the CTRB sponsored health plan option if they are Medicare eligible, even if the retired teacher is not yet 65 or enrolled in Medicare.

You, your Spouse or Surviving Spouse; or a disabled dependent if there is no Spouse or Surviving Spouse, may continue coverage with the board of education if they are not eligible for Medicare or do not have enough quarters to qualify for Premium Free Medicare Part A. A subsidy payment increase is available for those members and their spouses who are over age 65 and unable to participate in Medicare. You can learn more by visiting the FAQs of our Health Insurance section on the CTRB website.

### Post Retirement Reemployment and your TRB Health Options:

Retired members of the Teachers' Retirement System who work in a public school teaching position in Connecticut after their retirement are subject to post retirement reemployment rules and in some cases earnings limitations from that reemployment. Failure to adhere to the rules, limitations and reporting requirements may impact a member's pension. For additional information refer to the [Post Retirement Reemployment](#) bulletin.

### Health Insurance Frequently Asked Questions

Answers to frequently asked questions about our Medicare plans and health insurance obtained through the last employing school district.

<http://www.ct.gov/trb/lib/trb/formsandpubs/hlthFAQs.pdf>



## **Bulletins available on our website that may be of interest to you as a new retiree**

### **Estimating Your Benefit**

Two versions of this benefit estimator have been developed to assist you in estimating your potential retirement benefit.

1. [Benefit Estimator Page](#) - is for on-line use only and is not designed to be saved on your PC.

[http://www.ct.gov/trb/taxonomy/ct\\_taxonomy.asp?DLN=41384&trbNav=|41384|](http://www.ct.gov/trb/taxonomy/ct_taxonomy.asp?DLN=41384&trbNav=|41384|)

2. [Benefit Estimator Worksheet](#) (PDF 39KB) - the PDF version of the Benefit Estimator.

<http://www.ct.gov/trb/lib/trb/formsandpubs/PenAddCrWk92001.pdf>

### **Check Mailing/EFT Schedule**

This bulletin gives the date the checks are mailed, the date the monthly benefit payments are wired by electronic funds transfer (EFT) and the date we will accept a request for replacement of either.

<http://www.ct.gov/trb/cwp/view.asp?a=1582&q=272366>

### **Cost Of Living Adjustments**

This bulletin explains who gets a cost of living adjustment (cola) and when they get it. It also lists every cola granted since 1994.

<http://www.ct.gov/trb/lib/trb/formsandpubs/COLA.pdf>

### **Social Security and Your CTRB Benefit**

Brief descriptions of Social Security's Government Pension Offset and Windfall Elimination Provisions.

<http://www.ct.gov/trb/lib/trb/formsandpubs/ss32001.pdf>

### **Post Retirement Reemployment**

Information on reemployment as a CT public school teacher. Including a list of subject shortage areas and priority school districts.

[http://www.ct.gov/trb/lib/trb/forms/postretirement/PR\\_PRET1718.pdf](http://www.ct.gov/trb/lib/trb/forms/postretirement/PR_PRET1718.pdf)

### **Taxability of Retirement Benefits**

Information regarding your tax obligation.

<http://www.ct.gov/trb/lib/trb/formsandpubs/Taxability122001.pdf>

### **Filing for Retirement/New Retiree - Questions & Answers**

Answers to frequently asked questions about the filing process and questions for new retirees.

[http://www.ct.gov/trb/lib/trb/forms/activeinactive/AI\\_FNRQA.pdf](http://www.ct.gov/trb/lib/trb/forms/activeinactive/AI_FNRQA.pdf)



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**RETIREMENT APPLICATION FORM**

## Section Checklist:

**All completed Sections should be returned to CTRS**

### A QUICK RETIREMENT CHECKLIST - BE SURE YOU:

- Include a copy of your Birth Certificate
- Choose your Supplemental Account and Voluntary Account distribution method.
- Include a copy of your co-participant's Birth Certificate if electing Plan D.
- Select your Payment Plan and specify your beneficiary.
- Complete the EFT Authorization Form.
- Specify your Federal and Connecticut State Tax Income Tax Withholding election.
- Indicate the type(s) of purchasable service credit that you wish to purchase (if applicable) and submit the required documentation.
- Sign and date this application (must bear original signature).
- Submit your application to the Teachers' Retirement Board, to the address on the first page. We recommend you mail it "return receipt requested."

It is recommended that you make a copy of your application for your records as we are unable to provide that service if you drop off your application in person.

## AFTER YOU RETIRE

### Once you've submitted your retirement application here is what you can expect:

1. Within 2 weeks after you file: You'll receive a confirmation email once your application is received and verified that all necessary paperwork has been submitted. Note: this confirmation is the Connecticut Teachers' Retirement Boards acknowledgement of your intent to retire
2. 3-5 weeks after you file: You'll receive a benefit estimate. This is only an estimate and not a guaranteed benefit amount.
3. You'll receive your first pension deposit at the end of the month following your retirement. For July 1 retirement, your first pension deposit is at the end of August and is a double deposit to include your July pension.
4. Following your first deposit you'll receive two key documents
  - a) Award document – The official benefit award amount. Save a copy for your records as this may be required in the future should you apply for loans, purchase a home, or need proof of income.
  - b) EFT Benefit Change notice – A summary of the deposit you received and any deductions or withholdings. You will receive a copy of this monthly, as a statement of payment. These documents are sent to the email address on file if you have provided one