



TEACHERS' RETIREMENT BOARD
165 Capitol Avenue
Hartford CT 06106-1673
1 (800) 504 – 1102

**MEMBERSHIP APPLICATION FOR ENTERING/TRANSFERRING
CONNECTICUT TEACHING SERVICE**

MEMBER FIRST NAME		MEMBER LAST NAME		M.I.
DATE OF BIRTH		SOCIAL SECURITY #		
ADDRESS				
CITY	STATE	ZIP	EMAIL	

Please ensure that you have completed the below documents and acknowledgements before signing at the bottom of this page and returning this application to the Connecticut Teachers' Retirement Board:

- ☐ I have completed an Active Teacher Beneficiary Form
- ☐ I have signed the SSA 1945
- ☐ I have reviewed the Active Teacher Handbook provided on the CTRB website
- ☐ I have reviewed the options for purchasing additional service (optional)
- ☐ I have reviewed and submitted request for voluntary deductions (optional)
- ☐ I acknowledge that should position take effect prior to certification approval from CSDE, I will be required to remit retroactive contributions and potential interest to CTRS
- ☐ By signing this form, you acknowledge that you are not currently a retired member receiving a pension from the Connecticut Teachers' Retirement System – If you are currently a retired member receiving a pension, please refer to Post Retirement Re-employment rules on the CTRS website and do not complete this form

Effective date of Connecticut Service							
Name of Employing Board or District							
Assignment						Contractual Annual Salary (Full School Year)	
Annual Assignment Duration:	10 Month	☐	12 Month	☐	10 Month + Addtl. Days (Special Service)		☐
Teaching Certificate/Permit Title						Endorsement	
Effective Date of Certificate/Permit Title							

By signing below, you acknowledge the information above is completed accurately to the best of your ability.

Applicant Signature:	Date:
HR Signature:	Date:

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Toll free: 1 (800) 504-1102

Fax: (860) 241-9295

Website: www.ct.gov/trb

ACTIVE/INACTIVE TEACHER BENEFICIARY FORM

Member Status:	New Member ☐	Active Member ☐	Inactive Member ☐
New Members And Active Members: All Demographic Changes/Corrections (Name, Address, Date Of Birth, Or Social Security Number) Must Be Submitted Directly To Your <u>Employer</u> . Your Employer Will Then Transmit The Updated Information Electronically Via Their Next Monthly Transmittal To CTRB.			Inactive Members (Only): New Address: ☐ Name Change: ☐
Member First Name	Member Last Name	M.I.	Social Security #
Address			
City	State	Zip	Email
Physical Address (If Above Address Is A P.O. Box)			Check If:
City	State	Zip	Phone
			New Address ☐ Name Change ☐
☐ If You Have A Spouse Who You Have Not Designated As A Beneficiary, You Need To Check This Box To Waive The Statutory Survivorship Benefits For Your Spouse In Order For Your Designated Beneficiary To Receive The Funds In Your Account In The Event Of Your Death Prior To Your Conversion To A Normal Retirement Benefit.			
Beneficiary Designation	☐ Primary	☐ Contingent	Designated Percentage: %
Full Name	Relationship To Member	Social Security #	Date Of Birth
Address		Email	
City	State	Zip	Phone
Beneficiary Designation	☐ Primary	☐ Contingent	Designated Percentage: %
Full Name	Relationship To Member	Social Security #	Date Of Birth
Address		Email	
City	State	Zip	Phone
Beneficiary Designation	☐ Primary	☐ Contingent	Designated Percentage: %
Full Name	Relationship To Member	Social Security #	Date Of Birth
Address		Email	
City	State	Zip	Phone
Member's Wet Signature			Signature Date



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IMPORTANT FILING INFORMATION:

Section 10-183(h) of the Connecticut General Statutes requires that monthly survivor benefits be paid to the statutory survivors of members who die while active before any balance is paid to your designated beneficiary. This is true regardless of whom you designated as your beneficiary. A statutory survivor includes but is not limited to a spouse and/or a minor child under the age of 18. Refer to our [Survivorship Benefits Before Retirement Bulletin](#) before completing this form (survivorship benefits are not available to survivors of inactive members). This form supersedes and replaces any previous beneficiary designations. All items pertaining to beneficiaries must be completed in order for the Connecticut Teachers' Retirement Board (CTRB) to process the form; incomplete forms will be returned.

- Include a complete list of all beneficiaries.
- Type or print clearly in ink and do not use white out.
- Do not submit an amended copy of a previous beneficiary form.
- You may name any living person, your estate, a trust, or a charitable organization as your beneficiary.
- At least one primary beneficiary must be named. If more than one primary beneficiary is named, the share of any beneficiary who dies before you shall be divided equally among the surviving primary beneficiaries.
- A payment is made to a contingent beneficiary(ies) only if all primary beneficiaries die before you do.
- If you survive all of the beneficiaries named, payment would be issued to your estate.
- "Per Stirpes" designations (unnamed or unborn beneficiaries) are not accepted.
- All information must appear in the appropriate section of this form.
- To designate a trust as a beneficiary, enter the name and date of the trust agreement in the Beneficiary section of this form; leave the Relationship and Social Security sections of this form blank; and indicate Primary or Contingent.
- To designate your estate as a beneficiary, enter the word "Estate" in the Beneficiary section of this form; leave the Relationship and Social Security sections of the form blank; and indicate Primary or Contingent.
- Review your CTRB Member Annual Statement to verify your designated beneficiary election on our records.



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**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

Employee Name:	Employee ID#:
Employer Name:	Employer ID#:

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit www.ssa.gov.

For More Information

Social Security publications and additional information are available at www.ssa.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778 or contact your local Social Security office.

I certify that I have received Form SSA-1945 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of my potential future Social Security Benefits.

Signature of Employee:	Date:
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Form **SSA-1945**



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Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

The Social Security Protection Act of 2004, Pub. L. No. 108-203, Section 419 requires State and local government employers to provide a statement to employees hired January 1, 2005, or later in a job not covered under Social Security. Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers must use to meet the requirements of the law.

While the earlier version of the SSA-1945 discussed the effect of the Windfall Elimination Provision and/or Government Pension Offset on an employee's potential future benefits, the Social Security Fairness Act (SSFA) of 2023 enacted on January 5, 2025, eliminated the reduction of Social Security benefits under the Windfall Elimination Provision and/or Government Pension Offset for individuals entitled to certain pensions from work not covered by Social Security, starting January 2024. However, this did not remove the requirement for State and local government employers to provide a statement to employees hired January 1, 2005, or later in jobs not covered under Social Security. This version of SSA-1945 explains to an employee that non-covered earnings will not be used to determine eligibility to or calculate the amount of potential future benefits.

Employers must:

- Get the employee's signature on the form
- Give the signed statement and information page to the employee prior to the start of employment
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

A fillable, downloadable version of the SSA-1945 is available online at the Social Security website, www.ssa.gov/online/ssa-1945.pdf.



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CONTACT US

MAIN NUMBER	(800) 504-1102 or (959) 867-6333
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<u>DIVISIONS</u>		
Administration Division	(959) 867-6376	Administration.TRB@ct.gov
Benefits Division	(959) 867-6377	TRB.Benefits@ct.gov
Fiscal Division	(959) 867-6384	TRB.Fiscal@ct.gov
TRB Enrollment & Health Insurance	(959) 867-6380	HealthInsurance.TRB@ct.gov

<u>FOR RETIRED TEACHERS</u>		
1099R	(959) 867-6386	TRB.1099@ct.gov
Award Document	(959) 867-6377	TRB.Benefits@ct.gov
Benefit Notices (Electronic Funds Transfer-EFT)	(959) 867-6377	TRB.Benefits@ct.gov
Benefit Payments	(959) 867-6382	TRB.Benefits@ct.gov
Income Verification	(959) 867-6377	TRB.Benefits@ct.gov
Post Retirement Reemployment	(959) 867-6392	TRB.PRR@ct.gov
Social Security Statement	(959) 867-6377	TRB.Benefits@ct.gov
Update Account Information (Address, Bank Account, Taxes)	(959) 867-6383	TRB.Benefits@ct.gov

<u>FOR ACTIVE/INACTIVE TEACHERS</u>		
Disability Allowances	(959) 867-6381	TRB.Benefits@ct.gov
Letter of Acceptance	(959) 867-6393	TRB.Fiscal@ct.gov
Member Statement		
Account Balance	(959) 867-6390	TRB.Fiscal@ct.gov
Income Verification	(959) 867-6390	TRB.Fiscal@ct.gov
Preparing to Retire	(959) 867-6377	TRB.Benefits@ct.gov
Purchasing Service		
Service Purchase Request	(959) 867-6377	TRB.Benefits@ct.gov
Payments & Receipts	(959) 867-6389	TRB.Fiscal@ct.gov
Withdrawals and Account Termination	(959) 867-6388	TRB.Withdrawal@ct.gov

<u>FOR HEALTH INSURANCE</u>		
Plan Providers and Lost ID Cards		
Advantage PPO	(866) 794-3033	
UHC Supplement	(866) 794-3033	
Prescriptions	(866) 794-3033	
Dental (Cigna)	(800) 244-6224	

<u>FOR OTHERS</u>		
Report a Death	(959) 867-6379	TRB.Benefits@ct.gov
Divorces, Proposal Requests, Legal Matter, or Employer Issues	(959) 867-6376	Administration.TRB@ct.gov



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Welcome to the CTRS!

What is the Teachers' Retirement System (TRS)?

The State of Connecticut established the Teachers' Retirement benefit fund which has been managing and maintaining Teachers' pensions for over 100 years. Active teachers contribute to a pension and health fund that provides financial peace of mind in retirement.



Being part of a Contributory Defined Benefit Plan

Benefits are based on a formula in combination with your age, credited service, and the average of your highest 3 years of paid salaries. At retirement these are used to calculate your retirement benefit. Dependent on your years of services you will be eligible for one of the following types of retirement plans:

Plan N – Also known as the Partial Refund option this plan provides you with the largest benefit for your lifetime.

Plan C – Also known as the Period Certain and Continuous option you agree to take a reduced benefit during your lifetime, and should you pass within the guaranteed period you chose your beneficiary will continue to receive a benefit until the end of the selected period.

Plan D – Also known as the Co-Participant option you agree to take a reduced benefit during your lifetime, and upon your death your Co-Participant will receive a selected portion of your monthly benefit for the remainder of their lifetime.

Your Contributions

You will contribute 8.25% of your annual salary into the retirement fund. Of that, 7% goes to your membership account, also known as your pension. The remaining 1.25% goes to the Health Insurance Fund. You will receive an Annual Statement of Benefits every year which will reflect the activity that occurred on your account during the previous year.

Earning Service Credit

You earn one month of credited service for each school month worked from September to June. A full year of service is 10 months, and you cannot receive more than 10 months of credit in any school year. In order to receive credit, you must be employed on the first working day of the month in a CTRS eligible position and have the mandatory contributions deducted from the salary that you were paid

Purchasing Service Credit

There are numerous types of service credit that may be purchased to increase your retirement benefit. Some are treated the same as actual Connecticut public school teaching service and some are considered as non-Connecticut. A list of Purchasable Service Credit is available on our website. Note: The cost is often less expensive when the service is purchased earlier in your career.



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Important Information

Annual Statements

You will receive a Member Annual Statement every year which will reflect the activity through June 30th of the prior school year. This serves as a history of pensionable salary, contributions, and employment credits for each academic year. Any adjustments or purchases of service credit that occur after the June 30th statement date will appear on the following year's statement. Upon receipt of your Member Annual Statement, we recommend that you review it carefully to ensure that your account accurately reflects your demographic information, pensionable salary, full-time equivalency, credited service, mandatory contributions, and beneficiaries.

Voluntary Payments

As an active member of the Connecticut Teachers' Retirement System, you may elect to contribute to a Voluntary Account via Payroll Deductions on an "after-tax basis" only, subject to IRS section 415 limits. All voluntary contributions deducted from payroll before the 30th of June will be first credited or charged with the investment rate of return on the 30th of June of the following year.

Survivorship Benefits

If you die while in active service, TRS provides benefits to your statutory survivors. A statutory survivor is defined as a spouse and/or a minor child under the age of 18. Connecticut statutes require that monthly survivorship benefits be paid to your statutory survivors before any balance of your account is paid to your designated beneficiary.

Disability Benefits

You are eligible to receive a disability benefit if you are an active member and cannot perform the duties of your assigned position due to a physical or mental impairment and have at least 5 years of credited TRS service and are not yet eligible to receive a retirement benefit. Disability benefits will be calculated at 2% of your final salary base (average of highest three paid salaries) times the years of full-time credited service, subject to a maximum benefit of 50% of final average salary, and minimum benefit of 15% of final average salary (for 7.5 or fewer years of service). Additional Service Credit purchased within five years of the effective date of disability is excluded.

Leaving the System

Should you terminate your employment with a qualified school system before completing 10 years of credited service you will become an inactive member with TRS. As an inactive member you are not required to withdraw your funds immediately. Your account will continue to accrue interest for up to 10 years. It is important to keep the TRS updated with contact information if you choose not to withdraw your funds, so you do not miss any important updates or required minimum distributions.