



# Welcome to the CTRS!

## What is the Connecticut Teachers' Retirement System (CTRS)?

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 service, 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. Members 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. Members 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 school 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.



# Important Information

Please make sure to visit the CTRB website at <https://portal.ct.gov/TRB> and find more information in the **Active Teacher Handbook**

## 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 30<sup>th</sup> 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.



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

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

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

Please visit the CTRB Website and review the Active Teacher Handbook at your convenience and complete the list below before signing at the bottom and returning this form.

- Active Teacher Beneficiary Form
- I have signed the SSA-1945
- I have reviewed the options for purchasing additional service (optional)
- I have reviewed and submitted request for voluntary deductions (optional)
- I acknowledge that should my position take effect prior to certification approval from CSDE, I will be required to remit retroactive contributions and potential interest to Connecticut Teachers' Retirement System
- By signing this form, you acknowledge that you are not currently a retired member receiving a pension from the CTRS – 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/Job Title   |                                   | Contractual Annual Salary<br>(Full School Year) |  |                          |
| Annual Assignment Duration:  | 10 Month <input type="checkbox"/> | 12 Month <input type="checkbox"/>               | 10 Month + Addtl. Days (Special Service) | <input type="checkbox"/> |
| Teaching Certificate/Permit Title<br><i>(For State Employees contributing to the TRS this row may not apply)</i> |                                   |   | 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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**ACTIVE/INACTIVE TEACHER BENEFICIARY FORM**

**MEMBER INFORMATION**

|   |  |                  |     |       |                   |
|---|--|------------------|-----|-------|-------------------|
| MEMBER FIRST NAME   |  | MEMBER LAST NAME |     | M.I.  | SOCIAL SECURITY # |
| ADDRESS   |  |                  |     |       |                   |
| CITY  |  | STATE            | ZIP | PHONE |                   |
| 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. |  |                  |     |       |                   |
| EMAIL ADDRESS   |  |                  |     |       |                   |

|                                |                                  |                                     |                   |               |  |
|--------------------------------|----------------------------------|-------------------------------------|-------------------|---------------|--|
| <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> | <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> | <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>Member Signature</b> |  | Signature | Date |
|-------------------------|--|-----------|------|

If you have a spouse who you have not designated as a beneficiary, you need to check this box while you are actively employed 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 retirement.



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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. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State, or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.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 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.*

|                        |       |
|------------------------|-------|
| Signature of Employee: | Date: |
|------------------------|-------|



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

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] 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. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- 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.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto:ofsm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address, and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



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**CONTACT US**

**MAIN NUMBER (800) 504-1102 or (959) 867-6333**

**DIVISIONS**

|                                   |                |  |
|-----------------------------------|----------------|--|
| Administration Division           | (959) 867-6376 | <a href="mailto:Administration.TRB@ct.gov">Administration.TRB@ct.gov</a>   |
| Benefits Division                 | (959) 867-6377 | <a href="mailto:TRB.Benefits@ct.gov">TRB.Benefits@ct.gov</a>               |
| Fiscal Division                   | (959) 867-6384 | <a href="mailto:TRB.Fiscal@ct.gov">TRB.Fiscal@ct.gov</a>                   |
| TRB Enrollment & Health Insurance | (959) 867-6380 | <a href="mailto:HealthInsurance.TRB@ct.gov">HealthInsurance.TRB@ct.gov</a> |

**FOR RETIRED TEACHERS**

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

**FOR ACTIVE/INACTIVE TEACHERS**

|                                     |                |  |
|-------------------------------------|----------------|--|
| Disability Allowances               | (959) 867-6381 | <a href="mailto:TRB.Benefits@ct.gov">TRB.Benefits@ct.gov</a>     |
| Letter of Acceptance                | (959) 867-6393 | <a href="mailto:TRB.Fiscal@ct.gov">TRB.Fiscal@ct.gov</a>         |
| Member Statement                    |                |  |
| Account Balance                     | (959) 867-6390 | <a href="mailto:TRB.Fiscal@ct.gov">TRB.Fiscal@ct.gov</a>         |
| Income Verification                 | (959) 867-6390 | <a href="mailto:TRB.Fiscal@ct.gov">TRB.Fiscal@ct.gov</a>         |
| Preparing to Retire                 | (959) 867-6377 | <a href="mailto:TRB.Benefits@ct.gov">TRB.Benefits@ct.gov</a>     |
| Purchasing Service                  |                |  |
| Service Purchase Request            | (959) 867-6377 | <a href="mailto:TRB.Benefits@ct.gov">TRB.Benefits@ct.gov</a>     |
| Payments & Receipts                 | (959) 867-6389 | <a href="mailto:TRB.Fiscal@ct.gov">TRB.Fiscal@ct.gov</a>         |
| Withdrawals and Account Termination | (959) 867-6388 | <a href="mailto:TRB.Withdrawal@ct.gov">TRB.Withdrawal@ct.gov</a> |

**FOR HEALTH INSURANCE**

|                                  |                |  |
|----------------------------------|----------------|--|
| 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 |  |

**FOR OTHERS**

|   |                |  |
|---|----------------|--|
| Report a Death  | (959) 867-6379 | <a href="mailto:TRB.Benefits@ct.gov">TRB.Benefits@ct.gov</a>             |
| Divorces, Proposal Requests, Legal Matter, or Employer Issues | (959) 867-6376 | <a href="mailto:Administration.TRB@ct.gov">Administration.TRB@ct.gov</a> |