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 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 (Full School Year)			
Annual Assignment Duration:	10 Month	☐	12 Month	☐	10 Month + Addtl. Days (Special Service)		☐
Teaching Certificate/Permit Title *(For State Employees contributing to the TRS this row may not apply)*				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:

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

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 *employer*. Your employer will then transmit the updated information electronically via their next monthly transmittal to CTRB.

EMAIL ADDRESS

Beneficiary Designation	☐ Primary	☐ Contingent		
Full Name		Relationship to Member	Social Security #	Date of Birth
Address			Email	
City		State / Zip	Phone	

Beneficiary Designation	☐ Primary	☐ Contingent		
Full Name		Relationship to Member	Social Security #	Date of Birth
Address			Email	
City		State / Zip	Phone	

Beneficiary Designation	☐ Primary	☐ Contingent		
Full Name		Relationship to Member	Social Security #	Date of Birth
Address			Email	
City		State / Zip	Phone	

Member Signature		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.

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

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.

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

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. 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:

Form **SSA-1945**

(01-2013)

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

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. Paper copies can be requested by email at 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.