



RETIREMENT APPLICATION INSTRUCTIONS

FORM 705
(rev. 01/2010)

Chicago Teachers' Pension Fund

203 North LaSalle Street, suite 2600 | Chicago, Illinois 60601-1231 | Phone: 312 641 4464 | Fax: 312 641 7185

RETIREMENT APPLICATION INSTRUCTIONS

Please read this Retirement Application carefully and complete all necessary forms. When completing this form, fill in all sections completely. If a section does not apply, write N/A (not applicable) in the box, and initial it. An incomplete form will delay the processing of your retirement benefit.

Box 7

Resignation date – This is the last date you worked, or the date of your resignation as reported by your employer, i.e., Chicago Public School or Chicago charter school. **NOTE:** You **MUST** submit an official resignation notification to your employer. CTPF will not process your application until the employer confirms your resignation

Box 13

Minor children – If you have children under age 18, please check YES and provide names and dates of birth (DOB).

Box 14

Reversionary Pension – A reversionary pension is a beneficiary pension set up for payment to any designated individual upon your death. Your pension is reduced to fund the additional pension. **Note: this is not a survivor pension.** If you wish to designate a recipient of a reversionary pension please check YES. A Reversionary Pension form will be mailed to you.

Box 15

A. The provisions of the Illinois Retirement Systems Reciprocal Act allow individuals who earn one or more years of service in more than one covered system to combine their service and coordinate benefits at retirement. When you choose to retire with a reciprocal pension, each system calculates benefits based on your highest final average salary (FAS) and pays a proportion of your pension. The Illinois public pension systems listed below are covered under the reciprocal act.

If you will retire under the provisions of the **Illinois Retirement Systems Reciprocal Act**, check YES and list all systems in which you earned service credit. If you are not combining service under reciprocity check NO and go on to question 16.

Illinois Reciprocal Retirement Systems

- Cook County Employees' Annuity and Benefit Fund
- General Assembly Retirement System
- Illinois Municipal Retirement System
- Judges' Retirement System
- Laborers' Annuity and Benefit Fund of Chicago
- State Employees' Retirement System
- Metropolitan Water Reclamation District Retirement Fund
- State Teachers' Retirement System
- Park Employees' Annuity and Benefit Fund of Chicago
- State Universities Retirement System
- Municipal Employees' Annuity and Benefit Fund of Chicago
- County Forest Preserve District Employees' Annuity

B. Please indicate if CTPF is your final system.

Box 16

A. If you plan to purchase one or more types of optional service, please indicate this in Box 16 and list the type of service you intend to purchase (certain eligibility requirements apply).

- Maternity / paternity leave
- Sick leave
- Sabbatical
- 1976 layoff
- Travel
- Repay a refund
- Military service
- Labor organization leave
- Chicago government employment
- Teaching service with Illinois an/or non-Illinois public schools, U.S. Government sponsored schools abroad or the Peace Corps

B. Indicate any of the pension options under which you are retiring. Check all that apply.

► Acknowledgement

The Retirement application must be signed and dated in the presence of a Notary Public.

► Required Documentation

Please note: CTPF will not process your application until all required documents have been received.

All Applicants

- 1. Proof of age: birth certificate, naturalization papers, or current passport
- 2. Proof of social security number: social security card, check stub with SSN, or recent W-2
- 3. Photo identification: current driver's license, state identification, or current passport
- 4. If 65, a copy of Medicare A & B card or letter of entitlement from Medicare

Married, widowed, or divorced applicants (as applicable)

- 1. Married: spouse's birth certificate or current passport AND marriage license
- 2. Widowed: marriage license AND spouse's death certificate
- 3. Divorced: divorce or dissolution of marriage decree. (1st page and last page with Judge's seal, only)

Call Member Services, 312.641.4464, if you have questions regarding the completion of this application.



RETIREMENT APPLICATION

FORM 705

(rev. 01/2010)

Chicago Teachers' Pension Fund

1. Legal name		first	middle initial	last	suffix	2. Social security number
3. Mailing address					street	
city					apt. or unit no.	
state					zip	
4. E-mail address						
5. Member's date of birth			6. Telephone number (with area code)			7. Resignation date
8. Marital status						9. Marriage date
single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/>						
10. Spouse's legal name		first	middle initial	last	suffix	
11. Spouse's birth date					12. Spouse's social security number	

13. Minor children YES NO If YES, list name(s) and date of birth (DOB):

Name	DOB
Name	DOB

14. Do you wish to name anyone for a Reversionary Pension? Note: This is not a survivor pension. YES NO

15. a. Have you been a contributor to any other Illinois public retirement system? YES NO (If no, skip to box 16)

If YES, do you plan to combine this service under the Illinois Reciprocal Systems Act? YES NO

If YES, please list systems here, (see instruction for list of systems).

b. If YES to a, is CTPF your final system? YES NO

16. a. Do you plan to purchase any optional service? YES NO

List service you wish to purchase: _____ (see instruction sheet for service types).

b. Are you retiring under any of the following pension options? Pension Enhancement Program 2.2 Upgrade

Other _____

ACKNOWLEDGEMENT

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Member Signature	Date
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Subscribed and sworn to before me, a Notary Public in and for the

County of _____

(seal)

State of _____

this _____ day of _____, 20_____

Notary Signature _____

(IF SEAL IS MISSING, BENEFIT CANNOT BE PAID.)



2.2 UPGRADE AND OPTIONAL SERVICE INTENT AND WAIVER

Chicago Teachers' Pension Fund

203 North LaSalle Street, suite 2600 | Chicago, Illinois 60601-1231 | Phone: 312 641 4464 | Fax: 312 641 7185

2.2 UPGRADE AND OPTIONAL SERVICE INTENT AND WAIVER

Signing this Intent and Waiver indicates that you understand your options regarding the 2.2 Upgrade and the option to purchase service. A completed and signed copy of this form must be on file with CTPF before a retirement benefit is paid.

BOX 3 2.2 UPGRADE OPTION – Check applicable statements and initial your selections.

The 2.2 Upgrade Option provides a way to increase the pension percentage used to calculate your benefit.

For service credit earned prior to July 1, 1998, the percentage used in the pension formula is determined using incremental factors as low as 1.67%. With the 2.2 Upgrade Option, the 2.2% factor is applied to all CTPF service, and your pension increases. To purchase the upgrade you must have been an active contributors to CTPF on July 1, 1998, or must have contributed to CTPF for at least one year after July 1, 1998.

Cost

If you have more than 30 years of CTPF service credit, the upgrade is applied at no cost, otherwise you must pay for the upgrade. If your service credit includes reciprocal service, contact Member Services to discuss your cost.

The cost is based on your highest annual salary in the 4 years prior to the year in which you apply for the upgrade, multiplied by 1% for each year of service. The cost is capped at 20 years. For every 3 years of service credit earned after July 1, 1998, the cost to upgrade is reduced by 1 year. You must upgrade all service prior to July 1, 1998.

BOX 4 OPTIONAL SERVICE – Check applicable statements and initial your selections.

If you qualify, purchasing optional service allows you to increase your service credit and may increase your retirement benefit. You may purchase service for several different situations:

Employer Approved Unpaid Leaves

Leave types include sick leave, maternity/paternity leave, study/travel leave, and sabbatical leave granted by your employer. Members who contributed to CTPF after June 28, 2002, may establish a maximum of 36 months service credit. Members who did not contribute to CTPF after June 28, 2002, may establish a maximum of 12 months service credit.

Refunded Service

If you resigned from a CTPF-covered employer and accepted a refund of contributions, you forfeited service for this period. You may reestablish the forfeited service provided you return to work and contribute to CTPF or an Illinois reciprocal system for a minimum of two years. If you choose to reestablish service, you must be a current contributor to CTPF or an Illinois reciprocal system, and you must purchase the entire refunded period.

Public Teaching Service

Current contributors may purchase service for certified teaching in a public elementary or high school in Illinois, in another state, or in a school operated by or under the authority of the U.S. government. Maximum purchase 10 years of service; restrictions apply.

Military Service

Current contributors may purchase service for time served in the U.S. military before teaching or during a leave of absence. Purchase is limited to five years, two of which may precede your teaching career.

1975-1976 Economic Layoff

You may be eligible to purchase time if you were a contributor to CTPF on the days immediately preceding the two-week layoff beginning on June 6, 1976.

Other Types of Service

You may purchase service for periods of employment as:

- a playground or recreational instructor for the City of Chicago, the Chicago Park District, or CPS
- a member of the Chicago Board of Education
- a City of Chicago or CPS civil service librarian
- a school clerk for the Chicago Board of Education
- a lunchroom manager for the Chicago Board of Education

Cost

The cost of a service purchase is typically the pension contributions that would have been paid, for the salary rates in effect during the purchase period, plus interest which is generally charged at 5% compounded annually. Some service types have service credit limitations and/or other requirements.

BOX 5 ACKNOWLEDGEMENT – read and initial all applicable statements prior to signing the form.

Payment Options

You must apply to purchase service prior to resignation and complete payment before you receive your first pension check from CTPF or any other retirement system covered by the Illinois Reciprocal Act.

Payments can be made with personal checks, cashier's checks, or money orders. CTPF can also accept tax-deferred payments from

qualified plans including a traditional IRA (not a Roth IRA), or a 401, 403(b), or 457(b) plan.

You can pay for the 2.2 Upgrade or a service purchase with a single lump-sum payment or through installment payments outlined in the upgrade or optional service contract. It is your responsibility to complete payment by the date specified on the contract.

Call Member Services, 312.641.4464, if you have questions regarding the completion of this application.

1. Name	first	middle initial	last	suffix	2. Social security number
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CONFIRMATION OF MEMBER'S INTENT (Check the appropriate box and initial next to your selection.)

3. 2.2 UPGRADE OPTION

(MEMBERS WITH SERVICE PRIOR TO JULY 1, 1998)

- I am **not** eligible to upgrade since I have not been an active contributor to CTPF after July 1, 1998, (skip to Box 4).
- I will **not** upgrade my service prior to July 1998, to the 2.2 formula, (skip to Box 4).
- I have already paid to upgrade my service or I have more than 30 years of service, (skip to Box 4).
- I plan to upgrade my CTPF service prior to July 1998. Check one of the following:
 - I have already applied for the upgrade. I will pay for the upgrade with:
 - a lump-sum payment for the total due
 - a deduction from my first 24 monthly pension payments.
 - I have not yet applied for the upgrade and need additional information.

4. OPTIONAL SERVICE

- I will **not** purchase optional service (skip to Box 5).
- I plan to purchase optional service before I retire. Check one of the following:
 - I have already applied for optional service.
 - I have not yet applied for optional service and need an application for the following:
 - Employer Approved Unpaid Leave
 - Refunded Service
 - Public Teaching Service
 - Military Service
 - 1975-1976 Economic Layoff
 - Other Type of Service

5. ACKNOWLEDGEMENT

Please **initial** each statement to acknowledge that you have been informed of and understand:

- _____ I understand my 2.2 Upgrade options.
- _____ I understand that if I retire with less than 30 years of service and want the 2.2 Upgrade, I must pay to upgrade my service.
- _____ I understand that I may have options for establishing optional service.
- _____ I understand that if I want to purchase optional service or apply for the 2.2 Upgrade, I must apply for the purchase prior to resignation and complete payment before I receive my first pension check from CTPF or any other Illinois reciprocal retirement system.

6. Signature	Date
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Form **W-4P**

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

2010

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions, or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on

pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2010.

What do I need to do? Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose* above), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____
 - B** Enter "1" if:
 - You are single and have only one pension; or
 - You are married, have only one pension, and your spouse has no income subject to withholding; or
 - Your income from a second pension or a job, or your spouse's pension or wages (or the total of all) is \$1,500 or less.
 **B** _____
 - C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or you have more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____
 - D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____
 - E** Enter "1" if you will file as **head of household** on your tax return **E** _____
 - F Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
 - If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children **F** _____
 - G** Add lines A through F and enter total here. (**Note.** *This may be different from the number of exemptions you claim on your tax return.*) **G** _____
- For accuracy, complete all worksheets that apply.
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 - If you have more than one source of income subject to withholding or a spouse with income subject to withholding **and** your combined income from all sources exceeds \$18,000 (\$32,000 if married), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 2 to avoid having too little tax withheld.
 - If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P below.

----- Cut here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

Form **W-4P**

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

► For Privacy Act and Paperwork Reduction Act Notice, see page 4.

2010

Type or print your first name and middle initial.	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

- 1** Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.) ►
- 2** Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) ► _____
Marital status: Single Married Married, but withhold at higher "Single" rate (Enter number of allowances.)
- 3** Additional amount, if any, you want withheld from each pension or annuity payment. (**Note.** *For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.*) ► \$ _____

Your signature ► _____

Date ► _____



DIRECT DEPOSIT AUTHORIZATION

FORM 725
(rev. 01/2010)

Chicago Teachers' Pension Fund

203 North LaSalle Street, suite 2600 | Chicago, Illinois 60601-1231 | Phone: 312 641 4464 | Fax: 312 641 7185

SECTION 1—MEMBER INFORMATION

Legal name	first	middle initial	last	suffix	Social security number
Telephone number (with area code)			Cell phone (with area code)		

PLEASE NOTE: The **MEMBER** must be the **primary account holder** for all accounts for which direct deposit is requested. CTPF **does not** accept requests to deposit into **trust or brokerage accounts**.

I authorize and request the Chicago Teachers' Pension Fund to direct recurring pension payments to the account(s) specified below. I understand that this form supersedes any previously filed direct deposit authorization form.

Signature: _____

Date: _____

BENEFIT TYPE

Check the benefit for which the change is being requested.

- SERVICE OR RECIPROCAL PENSION
- DISABILITY PENSION
- SURVIVOR PENSION
- REVERSIONARY PENSION

SECTION 2—VERIFICATION AND DOCUMENTATION

If you are requesting direct deposit to your **checking account**, attach a **voided personal check**. The check must be printed with your name and the name of any joint account holders, in the upper left hand corner. CTPF cannot accept a temporary check.

If you do not have a printed check, enclose a letter from your financial institution on their official letterhead, signed by a personal banker, indicating the **routing number, account number**, and any **joint account holders**.

If you are requesting direct deposit to your **savings account**, enclose a letter from your financial institution on their official letterhead, signed by a personal banker, indicating the **routing number, account number**, and any **joint account holders**.

Tape copy of voided check here. DO NOT STAPLE.

SECTION 3—ACCOUNT INFORMATION

If you are requesting direct deposit to **one account**, complete the **primary account** information below.

If you are requesting direct deposit to **two accounts**, complete the **primary and secondary account** information below. You must designate a fixed dollar amount for the secondary account. The balance will be deposited into the primary account.

PRIMARY ACCOUNT (Required account)

Bank name _____

Account no. _____

Account type (check one):

- checking/money market
- savings

Provide the **bank name and account number** for each account. If you are adding a secondary account and your primary account is not changing, only complete the secondary account information.

Contact your financial institution if you need assistance determining your account number.

SECONDARY ACCOUNT (Optional account)

Bank name _____

Account no. _____

Account type (check one):

- checking/money market
- savings

Amount to be deposited \$ _____

(AMOUNT MAY ONLY BE CHANGED ONCE A YEAR).

If submitting this form by fax, send to 312.641.6745



Chicago Teachers' Pension Fund

203 North LaSalle Street, suite 2600 | Chicago, Illinois 60601-1231 | Phone: 312 641 4464 | Fax: 312 641 7185

HEALTH INSURANCE RESPONSIBILITY AND INTENT

FORM 730

(rev. 01/2010)

ACKNOWLEDGEMENT OF HEALTH INSURANCE RESPONSIBILITY AND INTENT

SECTION 1 – MEMBER INFORMATION

Legal name	first	middle initial	last	suffix
Social security number	Date of birth		Resignation date	

SECTION 1A — ENROLLING IN EMPLOYER CONTINUATION COVERAGE (COBRA)

- | | |
|--|---|
| <input type="checkbox"/> I do not intend to enroll in my employer's COBRA program. (Initial and skip to section 2).
<input type="checkbox"/> I intend to enroll in my employer's COBRA program.
<input type="checkbox"/> I understand that I am responsible to make payment of COBRA premiums directly to my employer.
<input type="checkbox"/> I understand that I have 30 days from the date of termination of COBRA to elect coverage under the CTPF health insurance program; otherwise I will not be able to enroll in a CTPF health insurance plan until the next Open Enrollment Period. | <input type="checkbox"/> I understand that, if I turn age 65 during COBRA, my coverage can terminate and I will have 30 days from the COBRA termination date to elect coverage under a CTPF Medicare plan. Proof of Medicare Part A and Part B is required to participate in a CTPF Medicare plan.
<input type="checkbox"/> I understand that if I wish to enroll in a CTPF plan after COBRA terminates, I must request enrollment forms from CTPF and submit these forms within 30 days of COBRA termination. |
|--|---|
- Initials _____

SECTION 1B — ACKNOWLEDGEMENT OF CTPF PREMIUM SUBSIDY OF COBRA

- | | |
|--|--|
| <input type="checkbox"/> I understand that CTPF will subsidize my employer COBRA premiums directly through my monthly pension check.
<input type="checkbox"/> I have completed CTPF Form 735, authorizing my employer to report COBRA payment information to CTPF, so that my health insurance premium subsidy can be determined. | <input type="checkbox"/> If my employer COBRA coverage is terminated for any reason and I received premium subsidy for which I was not entitled, CTPF reserves the right to recover overpayment from my pension check. |
|--|--|
- Initials _____

SECTION 2 — INTENT TO ENROLL IN A CTPF HEALTH INSURANCE PLAN

- | | |
|---|---|
| <input type="checkbox"/> I do not intend to enroll in a CTPF Health Insurance Plan at retirement. (Initial and skip to section 3).
<input type="checkbox"/> I intend to enroll in a CTPF health insurance plan at retirement.
<input type="checkbox"/> I understand I have 30 days from my retirement date to enroll, otherwise I will not be able to enroll in a CTPF health insurance plan until the next Open Enrollment Period. | <input type="checkbox"/> I understand it is my responsibility to contact CTPF for the appropriate health insurance enrollment forms.
<input type="checkbox"/> I understand that proof of Medicare Part A and B enrollment is required if I or one of my dependents is age 65 or over.
<input type="checkbox"/> I understand that my health insurance premium subsidy will be automatically applied to my monthly pension benefit. |
|---|---|
- Initials _____

SECTION 3 — INTENT TO OBTAIN HEALTH INSURANCE COVERAGE FROM AN OUTSIDE SOURCE

- | | |
|--|---|
| <input type="checkbox"/> I do not intend to obtain coverage from an outside source. (Initial and skip to signature).
<input type="checkbox"/> I intend to obtain health insurance coverage from a source other than my employer's COBRA or the CTPF health insurance program. | <input type="checkbox"/> I understand I have the option to enroll in the CTPF health insurance program once in my lifetime during specific enrollment periods as set forth in the <i>CTPF Open Enrollment Handbook</i> .
<input type="checkbox"/> I understand that I may be eligible for a subsidy of my health insurance premium costs and that CTPF will send me an application form after the end of each fiscal year. |
|--|---|
- Initials _____

I acknowledge receipt of this information regarding my responsibility for securing health insurance coverage for myself at the time of retirement.

Member signature

Date



Chicago Teachers' Pension Fund

203 North LaSalle Street, suite 2600 | Chicago, Illinois 60601-1231 | Phone: 312 641 4464 | Fax: 312 641 7185

AUTHORIZATION FOR RELEASE OF HEALTH INSURANCE COVERAGE INFORMATION

Relevant to the determination of the CTPF Health Insurance Premium Subsidy

Insured's name	first	middle initial	last	suffix	Social security number
Mailing address	street				apt. or unit no.
city				state	zip
Date of birth					Telephone number (with area code)

1. I make this authorization for the purpose of providing health insurance premium information in connection with the determination of the insurance subsidy payable to me by Chicago Teachers' Pension Fund.

2. This authorization is directed to and applied to any protected health information maintained by: Chicago Public Schools.

3. I hereby authorize Chicago Public Schools, its administrative and office staff, to release specific information relative to my health insurance costs for COBRA coverage, specifically including and limited to my:

- a. Name
- b. Identification number
- c. Insurance coverage/carrier
- d. Single coverage premium
- e. COBRA effective date
- f. COBRA termination date
- g. Confirmation of continuing COBRA coverage

4. This information is to be released to:

Chicago Teachers' Pension Fund
203 North LaSalle Street, suite 2600
Chicago, Illinois 60601
312.641.4464

5. I understand that re-disclosure of this information to a party other than the one designated above is forbidden without written authorization on my part.

6. This Authorization shall be in full force and effect until the termination of my COBRA coverage with my employer, unless otherwise specified.

7. I understand that this authorization may be withdrawn, by written request from me, at any time except to the extent that action has already been taken in reliance upon it.

8. I understand that authorizing the release of this health information is voluntary and that I need not sign this form in order to ensure the receipt of the CTPF health insurance subsidy.

9. Chicago Public Schools is discharged of any liability and the undersigned will hold Chicago Public Schools harmless for complying with this "Authorization for Release of Health Insurance Information."

10. I, the undersigned, have read the above and authorize staff of Chicago Public Schools to disclose such information as requested and specified herein, for the sole purpose of calculation and payment of the CTPF health insurance rebate due to me.

11. A copy of this authorization is as valid as the original.

Signature of insured	Date
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