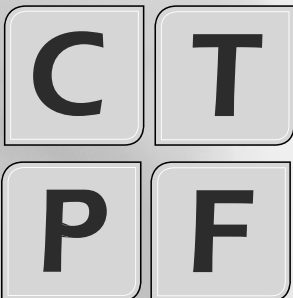


Retirement Application

Applying for retirement is a process, and the process begins by completing this Retirement Application Packet. An incomplete form will delay the processing of your retirement benefit.



**Chicago Teachers'
Pension Fund**

*** INCLUDED IN THIS PACKET**

Forms: 704, 705, 717, 730, 735, 621, and 105



RETIREMENT CHECKLIST

FORM 704
(REV. 11/2019)

Please use the checklist below for submitting your application for CTPF Retirement. Contact Member Services at 312.641.4464, or MemberServices@ctpf.org, if you have questions regarding the CTPF Retirement Application.

CTPF FORMS | Complete the following forms

FORM 705

- RETIREMENT APPLICATION**
(completed, signed, and notarized)

FORM 717

- ACKNOWLEDGEMENT OF CTPF RULES GOVERNING RE-EMPLOYMENT**
(completed and signed)

FORM 730

- RETIREE ACKNOWLEDGEMENT OF HEALTH INSURANCE RESPONSIBILITY & INTENT**
(completed and signed)

FORM 735 (If applicable)

- HEALTH INFORMATION RELEASE** (completed and signed)
*This form must be signed if you elect COBRA continuation coverage from your Employer.

FORM 621 (If applicable)

- OPTIONAL SERVICE REQUEST** (completed and signed)
*This form must be signed if you elect to purchase additional Optional Service.

FORM 105

- DESIGNATION OF BENEFICIARY**
(completed, signed, and notarized)

REQUIRED DOCUMENTATION

NOTICE OF LEGAL NAME

You must provide evidence of your legal name at retirement. The documents you present as proof of identity **MUST** all bear the same legal name. If you have had any name change, you must provide a court approved name change order, marriage license/civil union certificate, certified judgment for dissolution of marriage, or naturalization documentation showing name change.

ALL APPLICANTS

Confirm that copies of the following personal identification documents are included (any documents in a foreign language must be accompanied by a certified translation):

- | | |
|---|---|
| <input type="checkbox"/> Proof of age: birth certificate, naturalization papers, or current passport | <input type="checkbox"/> If age 65 or older: a copy of Medicare A & B card or letter of entitlement from Medicare |
| <input type="checkbox"/> Proof of SSN: Social security card or recent W-2 | <input type="checkbox"/> Photo identification: current driver's license, state identification, or current passport |

APPLICANTS WHO ARE MARRIED OR JOINED IN A CIVIL UNION, WIDOWED, OR DIVORCED

Confirm that copies of the following additional documents are included (as applicable, and any documents in a foreign language must be accompanied by a certified translation):

Married or joined in a Civil Union	Widowed	Divorced	QILDRO
<input type="checkbox"/> Spouse's birth certificate or current passport	<input type="checkbox"/> Marriage or civil union license	<input type="checkbox"/> Divorce or dissolution of marriage or civil union decree	<input type="checkbox"/> Court-certified copy
<input type="checkbox"/> Marriage or civil union license	<input type="checkbox"/> Spouse's death certificate		

ALL APPLICANTS WHO ELECTED REVERSIONARY PENSION

Confirm that copies of the following additional documents are included (as applicable):

Beneficiary Proof of Age

- Birth certificate Naturalization documentation Current passport

FOR OFFICE USE ONLY

Reviewer's Name	Reviewer's Signature	Date / /
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RETIREMENT APPLICATION INSTRUCTIONS

Please read all sections of the Retirement Application carefully and complete all required sections and forms. When completing this form, fill in applicable sections completely. **Any omitted optional sections will result in no selection.** **NOTE:** Without valid proof of Birth, Marital Status, *and/or* Death Certificates, your application will be declined. Additionally, your application will only be valid for 6 months after the date of the Notary's signature; after that time, a new application will be required.

SECTION 1 | Personal Information (Required)

Complete entire section 1A-1L. You **MUST** provide necessary documentation for sections 1H, 1I, and 1J; your application will not be processed without the required documentation.

SECTION 2 | Retirement Information (Required)

2A | Resignation Date: If you're an ACTIVE employee, you **MUST** submit an official resignation notification to your Employer in order for this application to be processed. CTPF **WILL NOT** process your application until the Employer confirms your resignation.

2B | Retirement Date: You **MUST** choose one of these options:

Earliest Unreduced Retirement Date if you are at least:
62 with 5 years of service, **OR**
60 with at least 20 years of service, **OR**
55 with at least 33.95 years of service

Earliest Reduced Retirement Date if you are at least:
55 with minimum 20 years of service

Other Retirement Date

If you are eligible for a Reduced Retirement Benefit, please refer to your Member Statement to determine the difference between Reduced and Unreduced Pension Amounts to help determine which choice is better for you.

The Automated Annual Increase will become effective one year after retirement or when you reach age 61, whichever is later. The benefit is payable beginning with the January payment following the effective date. The increase is 3% of your pension, compounded annually for Tier I retirees.

SECTION 3 | Reciprocal Service (Optional)

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 the time of 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 here are covered under the Reciprocal Act.

3A | If you will retire under the provisions of the Illinois Retirement Systems Reciprocal Act, check "Yes" and list names of all the Systems in which you earned service credit (see list of available Illinois Reciprocal Retirement Systems below). If you are not combining service under reciprocity, check "No, I do not want my pension computed under the Retirement Systems' Reciprocal Act."

- | | |
|--|---|
| <input type="checkbox"/> Cook County Employees' Annuity and Benefit Fund | <input type="checkbox"/> Municipal Employees' Annuity and Benefit Fund of Chicago |
| <input type="checkbox"/> General Assembly Retirement System | <input type="checkbox"/> Park Employees' Annuity and Benefit Fund of Chicago |
| <input type="checkbox"/> Illinois Municipal Retirement System | <input type="checkbox"/> State Employees' Retirement System |
| <input type="checkbox"/> Judges' Retirement System | <input type="checkbox"/> State Teachers' Retirement System |
| <input type="checkbox"/> Laborers' Annuity and Benefit Fund of Chicago | <input type="checkbox"/> State Universities Retirement System |
| <input type="checkbox"/> Metropolitan Water Reclamation District Retirement Fund | |

If you specified any of the Systems above, please also indicate if CTPF is your final system.

SECTION 4 | Reversionary Retirement Benefit (Optional)

NOTE: This is not a survivor pension. Any person may be designated as the reversionary beneficiary.

A **Reversionary Retirement Benefit** is an option that a member may exercise at any time prior to their date of retirement.

The member elects to receive a reduced service retirement pension in order to provide a pension for another person after the death of the member. Here is a summary of the Reversionary Retirement Benefit:

- A Designation of Reversionary Beneficiary must be provided on the Retirement Application and must be filed PRIOR to the member's Retirement Date.
- Any person may be designated/named as the reversionary beneficiary.
- The amount of the reversionary pension cannot be less than \$40 per month, or more than the reduced base pension payable to the member as a result of this reversionary option.
- The reversionary pension is a fixed amount and remains the same throughout the lifetime of the recipient.
- If the member dies within 730 days from the date that the designation is filed with CTPF, no reversionary pension shall be paid.
- If the beneficiary does not survive the retired member, the member's reduced pension shall be restored to the full service pension.
- If the beneficiary dies after the reversionary designation is filed but before the date of the member's retirement, the filed election shall be void.
- The reversionary pension begins on the first day of the month following the month in which the retired member dies.
- This designation can only be revoked in writing to CTPF prior to the member's Retirement Date.
- No change to the designated beneficiary or amount of the reversionary pension is permitted. If the member chooses to file a new reversionary designation, a new 730-day qualifying period will begin on the date that the designation is filed at CTPF.

4A | You must provide the beneficiary's information along with their ***proof of birth***.

4B | You must choose the amount that the Reversionary Beneficiary will be paid upon your death. Select either the equal value of your reduced pension or a flat dollar amount.

SECTION 5 | 2.2 Upgrade and Optional Service (Optional)

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

5A | 2.2 Upgrade: 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 retirement benefit increases. To purchase the upgrade you must have been an active contributor to CTPF prior to July 1, 1998, or must have contributed to CTPF for at least one year after July 1, 1998.

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 earned prior to July 1, 1998.

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

5B | Optional Service and Waiver: If you qualify, purchasing Optional Service allows you to increase your service credit and may increase your retirement benefit. You may purchase service for situations listed in the Optional Service Request Form (CTPF Form 621), which details requirements of each Optional Service type. Should you choose to purchase Optional Service, you must complete the Optional Service Request Form (CTPF Form 621), elect Optional Service on your Retirement Application, and provide required documentation listed in the Optional Service Request Form. Once CTPF receives your Retirement Application with Optional Service selection, we will calculate the actual cost of the Optional Service and will send you a contract. You will have 30 days from receipt of the contract to provide us with payment information. After 30 days, if payment information has not been provided, we will process your retirement application without the Optional Service. Your monthly pension will not include the additional service purchased until your contract is paid in full.

Cost: The cost of each Optional Service varies; an actual amount will be calculated and provided to you once you submit your Retirement Application indicating your intent to purchase Optional Service. Upon receipt of your contract, if you decide not to purchase Optional Service, you may do nothing and your pension will be processed without Optional Service. Note that the cost to purchase each type of Optional Service includes a 5% interest compounded annually.

5C | Authorization to Apply CTPF Refunds: If you are due a refund of contributions, you may use it to pay for your 2.2 Upgrade and/or for your Optional Service purchase.

SECTION 6 | Federal Tax Withholding (Optional)

Make your Federal Tax Withholding election in this section. If this section is left blank or filled out incorrectly, taxes on your retirement benefit will be withheld using the standard deduction (*married with 3 allowances*). Changes to Federal Tax Withholding can be made at any time.

SECTION 7 | Direct Deposit (Required)

Direct deposit ensures that your retirement benefit is deposited into your account on the first business day of the month, whereas a check mailed to your home will take several days to arrive and then clear, delaying access to your funds. Complete this section and provide required documentation (*voided check or letter from the bank*) to enroll in direct deposit.

SECTION 8 | Acknowledgement/Notarization (Required)

The Retirement Application **MUST** be signed and dated in the presence of a third party Notary Public.

PLEASE PRINT
while filling out this application.

SECTION 1 | Personal Information (Required)

1A. Legal Name: First	1B. M.I.	1C. Last	1D. Last 4-digits of SSN or Member ID

1E. Permanent Home Address *(P.O. Box addresses are not acceptable. If you want mail sent to another location, please request a Change of Address Form.)*

Street _____ Apt. or Unit No. _____

City _____ State _____ Zip _____

1F. Telephone Number *(xxx-xxx-xxxx)*

Home Number (____) - ____ - ____ Cell Number (____) - ____ - ____

1G. Personal Email _____

1H. Member's Date of Birth *(MM/DD/YYYY) | You must provide proof of birth (i.e., copy of birth certificate, valid passport, or naturalization papers)*

1I. Marital Status *(Unless selecting Never Married, you MUST provide documentation for the corresponding box selected)*

Never Married Married Civil Union Widowed Divorced

1J. Spouse's Legal Name: First	M.I.	Last	1K. Spouse's SSN <i>(xxx-xx-xxxx)</i>

1L. Minor Children *(If Applicable: List all of your children under age 18, even if not living with you, including natural, adopted, and/or step children)*

Name	Relationship	Date of Birth (MM/DD/YYYY)

SECTION 2 | Retirement Information (Required)

2A. Resignation Date *(MM/DD/YYYY) | If you're an Active employee, you MUST officially resign with your Employer before your Pension Benefits will begin.*

2B. Retirement Date *(Unless stated otherwise, the retirement annuity will begin to accrue on the earliest effective date determined by CTPF)*

Choose Your Retirement Date – If you're eligible for a Reduced Benefit, refer to your latest Member Statement to determine the difference between Reduced and Unreduced amounts.

Earliest Unreduced Retirement Date

Earliest Reduced Retirement Date - *your pension is reduced for the life of your benefit and will not be recalculated when you reach normal retirement age.*

Other Retirement Date *(MM/DD/YYYY):* ____ / ____ / ____

SECTION 3 | Reciprocal Service (Optional)

3A. Reciprocal Employment

I state that I have service under one or more Illinois Reciprocal Retirement System(s) and I elect to combine my service with CTPF. **NOTE:** For a complete list of Systems covered under the Reciprocal Act, see the Retirement Application Instructions.

Yes, I do want my retirement benefit computed under the Illinois Retirement Systems Reciprocal Act. *(You must submit a retirement application separately with all Systems)*

Name of System(s) _____

Is CTPF your final System? YES NO

No, I do not want my retirement benefit computed under the Illinois Retirement Systems Reciprocal Act.

SECTION 4 | **Reversionary Retirement Benefit (Optional)**

4A. Reversionary Retirement Benefit

Electing this option will result in a reduced retirement benefit for your lifetime in order to provide a pension for another person after your death. Read the Retirement Application Instructions carefully before making this election. If you elect this benefit, you **MUST** complete this section and the Reversionary Retirement Benefit section (4b). Additionally, if you elect this option you must provide proof of birth for your beneficiary. **NOTE:** This is not a survivor pension.

Reversionary Beneficiary Name: First	M.I.	Last	SSN (xxx-xx-xxxx)		
Mailing Address: Street		Apt. or Unit No.	City	State	Zip
Email	Telephone Number (xxx-xxx-xxxx)		Date of Birth (MM/DD/YYYY)		

4B. Reversionary Retirement Benefit (Complete this section **ONLY** if you are electing the Reversionary Retirement Benefit)

I elect to receive a reduced service retirement pension in order that a reversionary pension be paid, upon my death, to the person designated herein. I direct the Chicago Teachers’ Pension Fund to pay the following pension to the beneficiary named in this designation.

- An amount equal to my reduced base pension payable at the time of retirement **OR** \$_____ per month (must be greater than \$40/month)

SECTION 5 | **2.2 Upgrade and Optional Service (Optional)**

5A. 2.2 Upgrade (Complete this section for 2.2 Upgrade)

NOTE: You are not eligible to upgrade if you have not been an active contributor to CTPF after July 1, 1998 (continue to 5B. Optional Service and Waiver). If you have already paid to upgrade your service or you have more than 30 years of service, you are automatically eligible for the 2.2 Upgrade, and do not have to make an election in this section (continue to 5B).

- I will NOT upgrade my service to the 2.2 formula (continue to 5B).
- I choose to upgrade to the 2.2 formula. I elect the following form of payment (make a selection below):
 - A lump-sum payment for the total due. Please send me a bill for the upgrade cost.
Note: Payment must be complete before CTPF finalizes your retirement benefit. (continue to 5B).
 - A deduction from my first 24 monthly pension payments (continue to 5B).

5B. Optional Service and Waiver (Complete this section if you wish to purchase Optional Service.)

Refer to the Optional Service Request Form (CTPF Form 621) for requirements associated with each Optional Service type. If you decide to purchase Optional Service, you will also need to complete and include CTPF Form 621 with your Retirement Application. **NOTE:** If you apply to purchase Optional Service, you have up to 30 days after receipt of the bill to provide necessary information. After 30 days, your retirement application will be processed without Optional Service.

- I will NOT purchase any additional Optional Service (if purchasing 2.2 Upgrade, continue to 5C. Authorization to Apply CTPF Refunds, if not, continue to section 6).
- I will purchase additional Optional Service. I have completed and attached the Optional Service Request Form (CTPF Form 621) along with all required documentation. I understand that my retirement benefit will not include this Optional Service until it is paid in full (continue to 5C).

5C. Authorization to Apply CTPF Refunds (Complete this section if you elected above to apply for the 2.2 Upgrade and/or to purchase Optional Service.)

NOTE: If you are not upgrading to 2.2 and will not be purchasing Optional Service, continue to section 6 of the retirement application.

Authorization

I authorize CTPF to apply any refund of contributions for which I may be eligible as payment for the following contracts. (If a refund is not sufficient to cover the purchase, you will receive an updated contract for any remaining balance.)

- I am purchasing the 2.2 Upgrade (if available)
- AND/OR**
- I am purchasing Optional Service

Payment Options for Remaining Refund

If there is a remaining refund amount left after paying for the 2.2 Upgrade and/or Optional Service, please elect how this amount should be distributed:

- Full payment of remainder amount
CTPF will issue a check for the full residual refund amount
- Rollover of remainder amount
CTPF will rollover any remaining refund.
(CTPF will send additional forms as necessary)

SECTION 6 Federal Tax Withholding (Optional)

6A. Federal Tax Withholding: (Complete this section to withhold federal taxes from your pension payments.)

NOTE: No selection will result in default Federal Withholding. You may change your withholding election at any time by obtaining a tax withholding form from www.ctpf.org

1. I elect not to have federal tax withheld from my pension payments

DO NOT complete questions 2 or 3

2. I want my federal tax withholding from each pension payment to be figured using these allowances and the marital status shown (you may also designate an additional dollar amount on line 3)

(Enter number of allowance)

Marital Status:

- Single, Married, but withhold at higher Single rate, Married

3. I want the following additional amount withheld from each pension payment.

Note: For periodic payment, you cannot enter an amount here without entering the number (including zero) of allowances on line 2

\$

SECTION 7 Direct Deposit (Required)

7A. Direct Deposit Authorization: (For expedited/timely receipt of monthly pension payments, you are required to complete a Direct Deposit Authorization.)

NOTE: CTPF Member must be a primary account holder of the authorized bank account. CTPF does not accept requests to deposit into trust or brokerage accounts.

Financial Institution Information

Table with 2 columns: Label (Bank Name, Account no., Routing no.) and Input field

Account Type

- Checking/Money Market, Savings

SECTION 8 Acknowledgement/Notarization (Required)

By signing, I certify that this information is correct. I am aware that pursuant to the Illinois Pension Code, 40ILCS 5/1-135, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud the Chicago Teachers' Pension Fund (CTPF) is guilty of a Class 3 felony.

I also certify that I read and understand the information provided in the retirement application instructions.

SIGN ONLY IN PRESENCE OF A NOTARY

Full Name (Please Print)

Signature

Date (MM/DD/YYYY)

Notarization

State of County of

This instrument was acknowledged before me on by

Signature of Notary Public Commission Expiration Date

(Seal or Stamp)

*IF SEAL OR STAMP IS MISSING APPLICATION IS NOT VALID.



ACKNOWLEDGEMENT OF CTPF RULES GOVERNING RE-EMPLOYMENT

FORM 717 (REV. 11/2019)

Chicago Teachers' Pension Fund 425 South Financial Place, Suite 1400 | Chicago, IL 60605-1000 | 312.641.4464 | Fax 312.641.7185 | www.ctpf.org

SECTION 1: MEMBER INFORMATION

Member Name: First	M.I.	Last	Last 4 digits of SSN or Member ID:	Date of Birth: (MM/DD/YYYY)
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SECTION 2: CTPF RE-EMPLOYMENT RULES

I. RETURN TO WORK LIMITS

The Illinois Pension Code limits the number of days a retiree can work and the amount of compensation a retiree can earn when returning to work in an ISBE licensed/certified position for the Chicago Board of Education or a charter school (Employer) while receiving a pension from CTPF.

The CTPF Board of Trustees adopted rules for the implementation and administration of the statutory limitations on retirees returning to work for one or more Employer(s). All contributors, as defined by Section 17-106 of the Illinois Pension Code, including, but not limited to members of the teaching force and Administrators, are subject to the return to work limitations.

A. Permanent Re-Employment

A retiree may go to work for any entity other than an Employer without restriction. However, if a retiree is re-employed on a permanent or annual basis by an Employer, the pension shall be cancelled on the date the re-employment begins, or on the first day of a payroll period for which service credit was validated, whichever is earlier.

Example 1

A retiree accepts a full-time teaching position with the Chicago Board of Education and works for 95 days before terminating employment. The retiree's pension **WILL** be cancelled because the re-employment was permanent in nature.

Example 2

A retiree accepts a full-time paraprofessional position at a Chicago charter school and works for 70 days before terminating employment. The retiree's pension **WILL** be cancelled because the re-employment was permanent in nature.

B. Temporary and Non-Annual Employment

A retiree may return or go to work for one or more Employer(s) without having his or her pension cancelled, if the employment is temporary and non-annual, or on an hourly basis, so long as the following limitations are not exceeded:

1. Employment Limit

Beginning July 1, 2019, a retiree is limited to working no more than 120 days in a year for an Employer(s). This includes retirees who are employees of third party contractors, of an employment agency, or of any other vendor who are licensed/certified and who contract with the Board of Education or a Chicago charter school to provide services in a position that requires an ISBE license/certificate. Also included are retiree's with a contract or agreement that characterizes the retiree as an independent contractor.

A retiree who teaches only drivers education courses after regular school hours is limited to working no more than 900 hours in a year. A year is July 1 – June 30.

Example 1

A retiree who teaches drivers education courses and teaches as a day-for-day substitute teacher has worked on 121 days in a year. The retiree's pension **WILL** be cancelled because the retiree does not exclusively teach drivers education courses after regular school hours and the total number of days worked is more than 120 days in the year.

Example 2

A retiree who is a school psychologist for the Board of Education or a Chicago charter school, and is an employee of a third party contractor, has worked 121 days in a year. The retiree's pension **WILL** be cancelled because the total number of days worked is more than 120 days in the year.

2. Compensation Limit

The retiree must not earn more than \$30,000 gross compensation from the Employer(s) in a year. A year is July 1 – June 30. In the case of a person who retires with at least 5 years of service as an Administrator, the limit is the daily rate paid to retired principals multiplied by 100. The gross compensation limit applies to all retirees, including retirees who teach only drivers education courses after regular school hours.

Example 1

A retiree has worked on less than 120 days in a year. The total amount of gross compensation earned was \$32,000. The retiree's pension **WILL** be cancelled because the amount of compensation exceeded the \$30,000 limit.

Example 2

A retiree had 4.5 years of active service as a principal. The total amount of gross compensation earned was \$45,000. The retiree has worked less than 120 days. The retiree's pension **WILL** be cancelled because the \$30,000 gross compensation limit has been exceeded and the retiree did not have 5 years of active service as an Administrator.

Example 3

A retiree who teaches drivers education courses after regular school hours has worked 890 hours in a year. The total gross compensation earned was \$32,000. The retiree's pension **WILL** be cancelled because the amount of compensation exceeded the \$30,000 limit.

3. Retiree's Obligation to Notify CTPF

A retiree who intends to return to work must notify his or her Employer(s) and CTPF before re-employment begins.

CTPF notification is made by filing CTPF Form 770 for temporary and non-annual employment, or filing CTPF Form 773 for permanent or annual re-employment. The Employer(s) will establish its own notification process and retirees are responsible for completing those requirements.

II. TEMPORARY AND NON-ANNUAL EMPLOYMENT PROCEDURES

If CTPF receives notice from the Employer(s) that a retiree has exceeded the re-employment limit and/or the compensation limit, CTPF will:

A. Cancellation Notice to Retiree

CTPF will notify the retiree that information was received indicating that a retiree's employment may be in excess of the statutory limit, and that his or her pension benefits and health insurance subsidy (*if applicable*) are subject to cancellation retroactive to the date the limit was exceeded. CTPF will determine if the retiree exceeds the return to work limitations by the certified payroll records received from the Employer.

B. Administrative Hearing

Prior to the cancellation of a pension, the retiree will have the opportunity to request an administrative hearing. The hearing will determine if the re-employment exceeded the re-employment limit and/or the compensation limit.

C. Cancellation and Repayment

If the Board of Trustees determines that the time worked or compensation earned was in excess of the limitations, the retiree's pension benefits and health insurance subsidy (*as applicable*) will be cancelled retroactive to the date the limit was exceeded. The retiree will be obligated to repay all pension benefits and health insurance subsidies received from the date the limit was exceeded. **IT IS THE RETIREE'S SOLE RESPONSIBILITY TO INDEPENDENTLY TRACK ALL TIME WORKED AND COMPENSATION EARNED DURING RE-EMPLOYMENT.**

The retiree shall have the right to offset any amount owed to CTPF against future pension benefit payments. The offset shall be deducted at a rate not to exceed 25% of the gross monthly pension benefit payments until CTPF is repaid in full.

III. DISCLAIMER

This fact sheet contains a summary of Public Act 101-0340 and the Board-established rules for administration of the statute. This is not a legal reference or a complete statement of the laws or administrative rules of the Chicago Teachers' Pension Fund. If there is any conflict between this information and Illinois laws or administrative rules, the laws and administrative rules shall prevail.

The interpretation and application by CTPF of specific laws and rules in a given case depends on the facts of each case and other applicable laws, rules, and court decisions. The complete text of Public Act 101-0340 can be found at www.ctpf.org.

SECTION 3: ACKNOWLEDGEMENT

I acknowledge that I have received a copy of the CTPF Rules Governing Re-Employment, and have read and understand these rules. I understand that if I return to work for the Chicago Public Schools or for a Chicago charter school (Employer), I must notify CTPF and my Employer before I return to work. Notice to CTPF is made by submitting the Notice of Return to Work, CTPF Form 770 for temporary and non-annual employment or CTPF Form 773 for permanent or annual re-employment.

Finally, I understand that violating the Re-Employment Rules can result in the cancellation of my pension with the obligation to repay any benefits earned while re-employed in excess of the statutory limits.

Member Name <i>(Please Print)</i>	Member's Signature	Date



RETIREE HEALTH INSURANCE RESPONSIBILITY AND INTENT

FORM
730
(REV. 11/2019)

425 S. Financial Place, Suite 1400 | Chicago, IL 60605-1000 | 312.641.4464 | Fax 312.641.7185 | www.ctpf.org

HEALTH INSURANCE OPTIONS AT RETIREMENT

Employer-sponsored health insurance coverage ends on the last day of the month of your retirement. You are responsible for enrolling in and paying for post-retirement health insurance coverage. Completing this form advises CTPF of your plans, and helps determine eligibility for CTPF plans and premium subsidy, but does not enroll you in any plan or continued coverage.

Coverage Options Overview

Your age at retirement may impact your insurance options. In general, coverage options at retirement include:

Under Age 65

- Employer sponsored continuation coverage (COBRA) up to 18 months or until age 25
- A CTPF sponsored health insurance plan (*available only to members whose final teaching system was CTPF*), after COBRA coverage ends
- Other coverage (*through a spouse's plan or a private company*)

Age 65 or Over

- A CTPF sponsored Medicare supplement or Advantage plan with proof of Medicare Part A and Part B enrollment
- Other supplemental coverage (*through a spouse's plan or a private company*)

PAYING FOR INSURANCE

Health insurance generally costs more as a retiree, and CTPF offers a health insurance premium subsidy to help offset the cost. The subsidy, **available to retirees whose final teaching service was with CTPF**, applies to the cost of retiree insurance, not dependent coverage. The subsidy is not guaranteed and is determined annually. See the current *CTPF Health Insurance Handbook* for more information on the subsidy.**

If you are enrolled in COBRA continuation coverage or a CTPF plan, any available premium subsidy will be applied to your pension benefit.* The necessary authorization, CTPF Form 735, must be on file. If you have coverage through another source, you can apply for an annual premium subsidy.

* CTPF does not subsidize COBRA continuation coverage once you become eligible for Medicare at age 65. You can enroll in a CTPF Medicare health plan with subsidy once enrolled in Medicare Part A and Part B. Please refer to the *CTPF Health Insurance Handbook* for more information.

** CTPF will not subsidize Medicare Part A premiums for members with benefit effective dates of July 1, 2016, or later.

COBRA CONTINUATION COVERAGE

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), allows individuals to pay for the same health insurance coverage they received during employment for up to 18 months. Health insurance costs are generally lower under COBRA continuation coverage than they would be under a CTPF plan. Most retirees under age 65 choose this option and extend coverage for the maximum time allowed, up to 18 months or age 65, whichever occurs first.

Your former employer administers the COBRA program, determines eligibility, and processes applications. You must make monthly premium payments on time, or your coverage may be cancelled. Contact your employer for enrollment and cost information.

CTPF SPONSORED HEALTH INSURANCE PLANS

CTPF sponsors comprehensive health insurance plans designed to promote wellness and provide high-quality coverage at a reasonable cost.

These plans are available to retirees whose final teaching service was with CTPF, their dependents, and survivors. Reciprocal retirees whose final teaching service is with another system cannot enroll in a CTPF plan.

CTPF offers plans for:

- Non-Medicare eligible members with PPO and HMO plan options
- Medicare-eligible members who maintain enrollment in Medicare Part A and Part B, with Medicare supplement and Medicare Advantage plan options

Find more information about CTPF plans, coverage, and costs in the *CTPF Health Insurance Handbook* available at www.ctpf.org. Health insurance enrollment forms for CTPF plans are available online or from Member Services.

OTHER COVERAGE OPTIONS

You may have other sources of health insurance or supplemental insurance coverage, including group coverage through a spouse's plan or a private plan.



RETIREE HEALTH INSURANCE RESPONSIBILITY AND INTENT

FORM 730 (REV. 11/2019)

425 S. Financial Place, Suite 1400 | Chicago, Illinois 60605-1000 | 312.641.4464 | Fax: 312.641.7185 | www.ctpf.org

MEMBER INFORMATION

Legal Name: First	M.I.	Last	Last 4 digits SSN or Member ID
Date of Birth	Resignation Date		Telephone Number

RECIPROCAL RETIREE INFORMATION

Complete this section only if you are retiring under the provisions of the Illinois Reciprocal Retirement Act.

Is CTPF your final system? YES NO

If you answered NO above, you are not eligible to participate in a CTPF sponsored health insurance plan. You must obtain post-retirement health insurance coverage from another source. **Please sign here to acknowledge that you have been advised of your ineligibility for CTPF health insurance coverage and premium subsidy.***

Reciprocal Retiree Signature

Date

*Reciprocal retirees who answered NO above do not need to complete the remainder of this form.

CONFIRMATION OF CTPF MEMBER'S INTENT

Post-Retirement Health Insurance Coverage Options

Please choose one of the following options. **Check the appropriate box and initial next to your selection.** If you are retiring under the provisions of the Illinois Reciprocal Retirement Act, you may only join a CTPF sponsored health insurance plan if CTPF is your final system.

1 Employer Sponsored Continuation Coverage (COBRA)
 I will apply for continuation coverage (COBRA) through my employer

2 CTPF Sponsored Health Insurance Plan
 I will enroll in a CTPF Sponsored Health Insurance Plan

3 Another source (spouse's plan/private insurance/other)
 I will obtain health insurance from another source

ACKNOWLEDGEMENT

Please initial each statement and sign below.

_____ I understand that it is my responsibility to obtain post-retirement health insurance coverage.

_____ I understand that completing this form advises CTPF of my intent and helps determine eligibility for CTPF coverage and any available subsidy, but does not enroll me in any plan or continued coverage. It is my responsibility to contact the appropriate plan administrator to obtain enrollment forms and ensure timely payment for the plan/option I choose.

_____ I understand that CTPF will not subsidize Medicare Part A premiums for members with benefit effective dates of July 1, 2016, or later.

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

Member Signature	Date
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Chicago Teachers' Pension Fund

HEALTH INFORMATION RELEASE

425 S. Financial Place, Suite 1400 | Chicago, Illinois 60605-1000
312.641.4464 | Fax: 312.641.7185 | www.ctpf.org

FORM 735
(REV. 11/2019)

Authorization for Release of Health Insurance Coverage Information

Relevant to the determination of the CTPF Health Insurance Premium Subsidy

Insured's Name: First	M.I	Last	Last 4 digits SSN
Mailing Address: Street			Apt. or Unit no.
City		State	Zip
Date of Birth (MM/DD/YYYY)		Telephone Number (with area code)	
Employer's Name			

- 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.
- This authorization is directed to and applied to any protected health information maintained by my employer.
- I hereby authorize my employer, its administrative and office staff, to release specific information relative to my health insurance costs for COBRA coverage, specifically including and limited to my:
 - Name
 - Identification number
 - Insurance coverage/carrier
 - Single coverage premium
 - COBRA effective date
 - COBRA termination date
 - Confirmation of continuing COBRA coverage
- This information is to be released to:

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

- This Authorization shall be in full force and effect until the termination of my COBRA coverage with my employer, unless otherwise specified.
- 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.
- I understand that authorizing the release of this information is necessary and my signature is required in order to ensure the receipt of the CTPF health insurance subsidy in my monthly pension check.
- My employer is discharged of any liability and the undersigned will hold my employer harmless for complying with this "Authorization for Release of Health Insurance Information."
- I, the undersigned, have read the above and authorize staff of my employer 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.
- A copy of this authorization is as valid as the original.
- I understand that the CTPF subsidy of COBRA continuation coverage ends with Medicare eligibility at age 65. I can enroll in a CTPF Medicare health plan with subsidy once enrolled in Medicare Part A and Part B.

Signature of Insured	Date
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OPTIONAL SERVICE APPLICATION INSTRUCTIONS

Please read all sections of the Optional Service Application carefully and complete all required sections and forms. This document provides information related to all Optional Services available for purchase. If you qualify for any of the Optional Services below and decide to purchase additional years of service, you must complete the appropriate section, provide listed documentation, sign and date the application, and send it with your retirement application.

Absence of this application will result in your retirement application being processed without Optional Service. Your monthly pension will not reflect the purchased service amount until it is paid in full. Please review requirements and costs associated with each Optional Service selection. Once we receive your application to purchase Optional Service, CTPF will send you a contract to pay for your selection(s). Please note that the cost to purchase each type of Optional Service includes a 5% interest compounded annually.

MILITARY SERVICE

The purchase of military service for public employees is a benefit designed to partially compensate veterans for their service in the U.S. Armed Forces. Any active duty military service credit purchased is applied toward the calculation of your CTPF benefits. Eligibility for a pension or retirement pay from the U.S. Government does not affect your eligibility to purchase military service with CTPF. You may purchase this Optional Service, provided you meet the requirements listed below.

Requirements

- To apply to purchase military teaching service credit you must be a regularly certified, full-time appointed teacher contributing to CTPF.
- For military service which interrupted CTPF participation, you must have contributed to CPTF or TRS prior to the military service and must have returned to service with CTPF after military service; your contributions must have been left on file and you must be currently contributing to CTPF.
- You may purchase a maximum of 5 years active duty, two of which may precede your teaching career with a CTPF- covered employer.
- You must provide a copy of your DD-214 attesting to the validity of the dates of your active military service. To obtain copy of your DD-214, send a request to: National Personnel Records Center (Military Personnel Records), 9700 Page Avenue, St. Louis, MO 63132-5100

REFUNDED SERVICE CREDIT

When you received a CTPF refund of contributions, you forfeited your CTPF service credits. You may repay the refund to have that service reinstated, provided you meet the requirements listed below.

Requirements

- Your application to repay refunded service credit must be received by CTPF while you are currently employed and contributing to CTPF or another Illinois Reciprocal system.
- To reinstate refunded service you must have two or more years of contributing service under CTPF or another retirement system covered by the Illinois Reciprocal Act to which you are currently contributing. This service must have been earned subsequent to the refund.
- If you decide to reinstate the refunded service you must pay for the entire refund, plus interest. You cannot establish partial refunds.

OPTIONAL LEAVE SERVICE CREDIT

You may purchase service credit for approved, unpaid leaves of absence granted by your employer. Approved leave types include: sick leave, maternity or paternity leave, study / travel leave, and sabbatical leave. Members who contributed after June 28, 2002, may purchase a maximum of 36 months of service credit; members who did not contribute after that date may purchase a maximum of 12 months of service credit. You may purchase this Optional Service, provided you meet the requirements listed below.

Requirements

- If you have multiple leaves, you can decide which leaves you will purchase, up to the maximum service for which you qualify.
- You **MUST** submit employer documentation verifying your beginning and ending leave dates.
- A resignation/termination or return to work ends/concludes your leave of absence period.

OPTIONAL SERVICE APPLICATION INSTRUCTIONS

(continued)

PURCHASE TIME LOST | Due To 1976 Layoff

If you experience a loss of service credit due to the 1976 layoff period (June 6-21, 1976) you may be eligible to purchase this time. You may purchase this Optional Service, provided you meet the requirements listed below.

Requirements

- To purchase the 1976 Layoff service you must have been a contributor to CTPF on the days immediately preceding the June 6, 1976, layoff. If you were on a leave at the time of the layoff you are not eligible to purchase this layoff service.
- You MUST purchase the entire two-week layoff period.

PURCHASE PUBLIC TEACHING SERVICE

If you were a state certified teacher in a public elementary or high school in Illinois, in another state, or in a school operated or sponsored by the U.S. Government, you may be eligible to purchase that public teaching service and have that credit added to your total years of service (*university service is not eligible*). You must have withdrawn your contributions from the retirement system and no portion of the service can be included in the calculation of pension paid by that retirement system. You may purchase this Optional Service, provided you meet the requirements listed below.

Requirements

- To apply to purchase public service credit you must be a regularly certified, full-time appointed teacher contributing to CTPF.
- This service cannot be used to meet CTPF vesting requirements.
- You may not use this application for service purchases under CPS or its associated charter schools.
- You may be eligible to purchase up to 10 years; however, at retirement, 60% of your total service credit used in calculation of your pension must have been earned in the public schools or charter schools of the City of Chicago. At retirement, a reduction of your purchased service may be required to meet the 60% service requirement with CTPF.

OTHER SERVICE OPTIONS

You may purchase Optional Service for periods of employment listed below:

Options

- 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



Chicago Teachers' Pension Fund

OPTIONAL SERVICE APPLICATION

425 S. Financial Place, Suite 1400 | Chicago, Illinois 60605-1000
312.641.4464 | Fax: 312.641.7185 | www.ctpf.org

**FORM
621**
(REV. 11/2019)

MEMBER INFORMATION

Legal Name: First	M.I.	Last	Suffix	Last 4 digits of SSN or Member ID	
Mailing Address: Street		Apt. or Unit No.	City	State	Zip Code
Telephone Number (xxx-xxx-xxxx)		Date of Birth (MM/DD/YYYY)		Former Name	

OPTIONAL SERVICE

Select the Optional Service(s) you wish to purchase. Please be sure you've read through the attached Optional Service requirements and include all necessary documentation (if specified).

NOTE: After CTPF receives your Optional Service Application, we will send you an Optional Service Payment Contract which will include Payment Amount and Payment Options. You will have up to 30 days from receipt of the contract to provide necessary information. After 30 days, your retirement application will be processed without Optional Service.

- 1975-1976 Economic Layoff**
- Public Teaching Service** (you MUST complete information below and authorize CTPF to confirm your service)

Name of Former Employer _____ Dates of Service _____

Employer Mailing Address: _____ City _____ State _____ Zip _____

Name of Retirement System _____

Retirement System Mailing Address: _____ City _____ State _____ Zip _____

- By checking this box, I authorize the employer and retirement system named above to release information to the Chicago Teachers' Pension Fund (CTPF) in order to establish public teaching service credit.**

- Military Service** (you MUST complete information below and attach your DD-214 with your application)

Dates of active military service PRIOR to CTPF participation: _____ to _____

Dates of active military service which INTERRUPTED CTPF or TRS participation: _____ to _____

- Employer Approved Unpaid Leave** (you MUST provide copy of employer documentation verifying dates of each leave and specify below to which system you're a current contributor)

- | | |
|--|--|
| <input type="checkbox"/> Chicago Teachers' Pension Fund | <input type="checkbox"/> Metropolitan Water Reclamation District Retirement Fund |
| <input type="checkbox"/> County Employees' Annuity & Benefit Fund of Cook County | <input type="checkbox"/> Municipal Employees' Annuity & Benefit Fund of Chicago |
| <input type="checkbox"/> Cook County Forest Preserve Annuity & Benefit Fund | <input type="checkbox"/> Park Employees' Annuity & Benefit Fund of Chicago |
| <input type="checkbox"/> Employees' Annuity & Benefit Fund of Cook County | <input type="checkbox"/> State Employees' Retirement System of Illinois |
| <input type="checkbox"/> Judges' & General Assembly Retirement Systems | <input type="checkbox"/> Teachers' Retirement System |
| <input type="checkbox"/> Illinois Municipal Retirement Fund | <input type="checkbox"/> State Universities Retirement System |
| <input type="checkbox"/> Laborers' Annuity & Benefit Fund of Chicago | |

Date you began contributing to your current retirement system: ___/___/___

- Refunded Service Credit** | Refund issued year: _____

- | | |
|--|--|
| <input type="checkbox"/> Chicago Teachers' Pension Fund | <input type="checkbox"/> Metropolitan Water Reclamation District Retirement Fund |
| <input type="checkbox"/> County Employees' Annuity & Benefit Fund of Cook County | <input type="checkbox"/> Municipal Employees' Annuity & Benefit Fund of Chicago |
| <input type="checkbox"/> Cook County Forest Preserve Annuity & Benefit Fund | <input type="checkbox"/> Park Employees' Annuity & Benefit Fund of Chicago |
| <input type="checkbox"/> Employees' Annuity & Benefit Fund of Cook County | <input type="checkbox"/> State Employees' Retirement System of Illinois |
| <input type="checkbox"/> Judges' & General Assembly Retirement Systems | <input type="checkbox"/> Teachers' Retirement System |
| <input type="checkbox"/> Illinois Municipal Retirement Fund | <input type="checkbox"/> State Universities Retirement System |
| <input type="checkbox"/> Laborers' Annuity & Benefit Fund of Chicago | |

Date you began contributing to your current retirement system: ___/___/___

- Other Service** (refer to optional service instructions for other available options)

Name of service option: _____



DESIGNATION OF BENEFICIARY

FORM 105
(REV. 11/2019)

Chicago Teachers' Pension Fund

425 S. Financial Place, Suite 1400 | Chicago, IL 60605-1000
312.641.4464 | Fax: 312.641.7185 | www.ctpf.org

The Designation of Beneficiary form allows CTPF members to designate individuals who will be paid any available lump-sum death benefits at their death. It does not affect or determine survivor benefits, which are only payable to an eligible spouse or minor child. This form becomes effective when the original signed notarized form is received and approved by the CTPF office and should be completed at least every 5 years, or if a life changing event has occurred. CTPF will not accept forms with any alterations.

BENEFITS PAYABLE UPON DEATH

Depending on the member's status at the time of death, CTPF provides the following lump-sum benefits to the beneficiaries of a deceased member:

- A lump-sum death benefit and/or
- A refund of contributions that the member made to the Fund, which are remaining at the time of the member's death.

INSTRUCTIONS:

SECTION 1: MEMBER INFORMATION

Please provide all requested applicable information.

SECTION 2: PRIMARY BENEFICIARY INFORMATION

Enter the requested information for each beneficiary. It is very important to keep your beneficiary up-to-date. The address, email address and telephone number is important for locating and paying benefits.

HOW ARE BENEFITS PAID? Death benefits are paid to:

- The primary beneficiary designated by the member on the latest Designation of Beneficiary form on file with CTPF.
- The alternate beneficiary designated by the member, if no primary beneficiary survives.
- The member's estate, if no primary or alternate beneficiary survives.

WHO CAN BE NAMED AS A BENEFICIARY? Any person or trust may be designated as a primary or alternate beneficiary. If you name a trust, provide the legal name of the trust and/or trustee, the trust number, the date established, and the contact information for the trust. A creditor (i.e. bank, credit union or loan company) **MAY NOT** be named as a beneficiary.

ADDITIONAL BENEFICIARIES: If you wish to name more than four primary beneficiaries, cross out the words "Alternate Beneficiary" in section 3, and write your initials and continue. If additional pages are necessary, then each page needs to be properly notarized.

NAMING A MINOR: Death benefits payable to a minor are paid in care of the minor's guardian or custodian under the Illinois Uniform Transfers to Minors Act.

DISTRIBUTION OF BENEFITS: If more than one person is named as beneficiary, all will share equally in the benefit unless specific shares (percentages) are written in the "% Share" box. If you enter percentages, the total must equal 100%. If specific shares are written in, the benefit will be distributed as directed.

- If a named beneficiary does not survive, his or her shares will be distributed among any surviving beneficiaries.

SECTION 3: ALTERNATE BENEFICIARY INFORMATION

Alternate beneficiaries receive death benefits if no primary beneficiary survives. Follow the directions in section 2.

SECTION 4: SIGNATURE AND NOTARIZATION

Sign and date the form in the presence of a notary. The notary signing this form may not be named as a beneficiary.

RETURN THE COMPLETED ORIGINAL: CTPF will not accept a faxed or e-mailed version of this form. Make a copy for your records and send the original to:

Chicago Teachers' Pension Fund
425 S. Financial Place, Suite 1400
Chicago, IL 60605-1000

CONFIDENTIALITY: The information contained on your form is confidential and will not be disclosed to anyone except as required by law. If you cannot locate a copy of this form or recall your named beneficiary, contact CTPF.

You can also find this form on our website:

www.ctpf.org/member-forms-information

Call Member Services, 312.641.4464, if you have questions.



Chicago Teachers' Pension Fund

DESIGNATION OF BENEFICIARY

Return this form to CTPF, 425 S. Financial Place, Suite 1400, Chicago, IL 60605-1000
Make a copy for your records.

FORM 105
(REV. 11/2019)

Member's Name: First		M.I.	Last		Last 4 digits SSN or Member ID:
Member's Date of Birth: (MM/DD/YY)		Mailing Address: Street <i>Include apt. or unit no.</i>			
City	State	Zip	Telephone Number: (with area code)		Email:
Marital Status: <input type="checkbox"/> never married <input type="checkbox"/> married/civil union <input type="checkbox"/> divorced <input type="checkbox"/> widowed		Marriage/Civil union date: (MM/DD/YY)		Spouse's Date of Birth: (MM/DD/YY)	
Spouse's Name: First		M.I.	Last		Spouse's SSN:

SECTION 2: Primary Beneficiary/ies receive CTPF death benefits first % must add to 100

Name:		Date of Birth: (MM/DD/YY)		Relationship:		% of share:
Address: Street	City	State	Zip	Phone Number:	Email:	
Name:		Date of Birth: (MM/DD/YY)		Relationship:		% of share:
Address: Street	City	State	Zip	Phone Number:	Email:	
Name:		Date of Birth: (MM/DD/YY)		Relationship:		% of share:
Address: Street	City	State	Zip	Phone Number:	Email:	
Name:		Date of Birth: (MM/DD/YY)		Relationship:		% of share:
Address: Street	City	State	Zip	Phone Number:	Email:	

SECTION 3: Alternate Beneficiary/ies receive death benefits if no primary beneficiary survives % must add to 100

Name:		Date of Birth: (MM/DD/YY)		Relationship:		% of share:
Address: Street	City	State	Zip	Phone Number:	Email:	
Name:		Date of Birth: (MM/DD/YY)		Relationship:		% of share:
Address: Street	City	State	Zip	Phone Number:	Email:	

SECTION 4: SIGNATURE & NOTARIZATION

SIGNATURE OF: _____
 CTPF Member Agent/Power of Attorney Guardian

DATE (MM/DD/YEAR) _____

(Seal or Stamp)

STATE OF _____ COUNTY OF _____

I, _____ a Notary Public in and for the County and State set forth above,
do hereby certify that _____ personally known to me to be the same person whose
name is subscribed above, appeared before me this day in person and signed this document in my presence
as a free and voluntary act, for the uses and purposes set forth by law.

NOTARY PUBLIC

Given under my hand and Notary Seal, This ____ day of _____, 20__.

MY COMMISSION EXPIRES

*IF SEAL OR STAMP IS MISSING
DESIGNATION IS NOT VALID.