



Chicago Teachers' Pension Fund

# OPT-IN ELECTION FORM

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

**FORM  
290**  
(REV. 11/2021)

## Teachers with Contract School Service prior to August 27, 2021

Legislation enacted August 27, 2021, changed retirement plan eligibility for educational staff employed in Chicago Contract Schools in positions requiring certification or licensure.\* Individuals employed in Contract Schools on or after August 27, 2021, must be enrolled in the Chicago Teachers' Pension Fund (CTPF).

## Opt-In Election for Employees Hired Prior to August 27, 2021

Individuals who were employed at a contract school prior to August 27, 2021, can exercise a one-time irrevocable election to join CTPF. The election must be made by December 31, 2021, and pension contributions will begin in January 2022.

If you join the CTPF pension plan you will no longer contribute to Social Security. The decision to opt-in should be given careful consideration, and CTPF encourages all teachers to seek the advice of a financial advisor and the Social Security Administration before you make a decision. Prior to making the irrevocable decision to opt-in, you should become fully informed about the CTPF pension plan. Find information about CTPF at [ctpf.org](http://ctpf.org) and review the attached materials.

*\* Please consult with your human resources or payroll department for guidance on whether you are eligible to participate in CTPF.*

### MEMBER INFORMATION

Member Name: First		M.I.	Last		
Mailing Address: Street		Apt. or Unit no.	City	State	Zip
Email Address:			Telephone Number: <i>(with area code)</i>		
Employer (School) Name:					
Job Title:			Employment Start Date:		

### CONFIRMATION

I elect to participate in the Chicago Teachers' Pension Fund (CTPF) effective January 1, 2022. **I understand this is an irrevocable election to participate in CTPF.** Once I make this election, I will no longer participate in Social Security for this employment.

Member's Signature:

Date:

**Return this form to your employer's Human Resources Department or Payroll Office.  
DO NOT return this form to CTPF.**