Health Insurance
Outside Rebate

*Individual & Group Plans*

*Webinar*

*Medicare & Non-Medicare | 2022 Plan Year*
Agenda

Review Health Insurance Outside Rebate:
- Overview of Eligibility Requirements
- Subsidy Application
- Required Documentation and Common Pitfalls
- Timeline
- Important Information to Consider
- Questions & Answers
Overview of Eligibility Requirements
Outside Rebate Subsidy: General Information

- CTPF retirees who are eligible for the CTPF health insurance plan but decide to enroll in an outside health insurance plan.
- Retirees *may* be eligible for a partial reimbursement of Medicare A*, B, D and health insurance.
- Reviewing the 2022 calendar year in this year’s application.
  - Every Spring, CTPF mails applications to eligible members for the prior year. Rebates must be completed and returned to CTPF no later than August 31, 2023.
    - *Next year for 2023 plan year, the application deadline will be July 31, 2024.*

* Pension Effective Date prior to July 1, 2016
Who is Eligible for the Outside Rebate Subsidy Program?

- **CTPF retirees** whose final teaching service was with the Chicago Public, Charter or Contract Schools *may* qualify for a partial subsidy of their insurance premiums.

- A surviving spouse/child receiving a **survivor’s pension** *may* also qualify for a subsidy.

- Premium cost for dependent coverage is **not** eligible for the subsidy.
What is the Outside Rebate Subsidy Amount?

- The amount CTPF can spend on annuitant health insurance is limited by state law.
- Each year, the CTPF Board of Trustees determines the percentage of retiree health insurance premiums eligible for a subsidy. The subsidy for plan year 2022 was 60% of the total premium cost (certain limitations may apply).
- The subsidy is subject to change at the discretion of the CTPF Board of Trustees.
What are the Outside Rebate Subsidy Limits?

CTPF limits the eligible amount to the **LOWEST** amount a member would pay if enrolled in a CTPF health insurance plan.

<table>
<thead>
<tr>
<th>Type of Health Insurance in 2022</th>
<th>Maximum Monthly Premium Amount Considered</th>
<th>Maximum Monthly Reimbursement</th>
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<tbody>
<tr>
<td>Non-Medicare Health Insurance with Rx (under 65)</td>
<td>$988.16</td>
<td>$592.89</td>
</tr>
<tr>
<td>Medicare A ^</td>
<td>$499.00</td>
<td>$299.40</td>
</tr>
<tr>
<td>Medicare B *</td>
<td>$167.10</td>
<td>$100.26</td>
</tr>
<tr>
<td>Medicare D</td>
<td>$109.22</td>
<td>$65.53</td>
</tr>
<tr>
<td>Supplement to Medicare Plans (age 65 and older)</td>
<td>$80.27</td>
<td>$48.16</td>
</tr>
</tbody>
</table>

^ Part A premium subsidy is only available to members with a pension benefit effective date prior to July 1, 2016

* 2022 Part B premium of $170.10 includes $3 government surcharge that is not eligible for CTPF subsidy.
Type of Outside Rebates

Depending on your situation, member would generally fall into one of these categories:

- Non-Medicare Individual Plan
- Non-Medicare Group Plan
- Medicare Individual Plan
- Medicare Group Plan
Non-Medicare Plan Outside Rebates

Member enrolled in an outside Non-Medicare (*pre-age 65*) health insurance plan:

- **Individual Health Plan:** Purchased directly from the carrier and the member pays 100% of the cost.

- **Group Health Plans:** Purchased through an employer or group and premiums are paid by the employer or group or are largely subsidized by the group.
Medicare Plan Outside Rebates

Member enrolled in an outside Medicare (age 65+) health insurance plan:

- **Individual Health Plan:** Purchased directly from the carrier and the member pays 100% of the cost.

- **Group Health Plans:** Purchased through an employer or group and premiums are paid by the employer or group or are largely subsidized by the group.

- Medicare Part A (*eligible if pension benefit effective date is prior to 7/1/2016*)

- Medicare Part B

- Medicare Part D
Example – Non-Medicare Individual Plan

- Outside Medical and Prescription Individual* Plan
  Monthly Premium Paid by Member = $1,500 (or $18,000 annually)

- Maximum Monthly **Premium** Capped = $988.16 (or $11,857.92 annually)

- Maximum Monthly **Reimbursement** Allowed = $592.89 (or $7,114.68 annually)

*For Group Plans, CTPF must determine how much of the monthly premium is subsidized by the Employer/Group.*
Example – Medicare Individual Plan

Medical Plan:
- Outside Medical Individual* Plan
  Monthly Premium Paid by Member = $200 (or $2,400 annually)
- Maximum Medical Monthly Premium Capped = $80.27 (or $963.24 annually)
- Maximum Medical Monthly Reimbursement Allowed = $48.16 (or $577.92 annually)

Prescription Plan:
- Outside Prescription Individual* Plan
  Monthly Premium Paid by Member = $150 (or $1,800 annually)
- Maximum Prescription Monthly Premium Capped = $109.22 (or $1,310.64 annually)
- Maximum Prescription Monthly Reimbursement Allowed = $65.53 (or $786.36 annually)

  TOTAL MONTHLY REIMBURSEMENT = $48.16 + $65.53 = $113.69

*For Group Plans, CTPF must determine how much of the monthly premium is subsidized by the Employer/Group.
Example – Medicare Part B Plan

Medicare Part B Monthly Premium Paid by Member (includes IRMAA) = $238.10 (or $2,857.20 annually)

Maximum Monthly **Premium*** Capped = $167.10 (or $2,005.20 annually)

Maximum Monthly **Reimbursement Allowed** = $100.26 (or $1,203.12 annually)

*For 2022 Part B premium, a $3 government surcharge is not eligible for CTPF subsidy.
Costs Not Eligible for Subsidy

CTPF does **not** subsidize:

- Dental plans
- Vision plans
- Long term care plans
- Hospital indemnity plans
- Income Related Monthly Adjustment Amount (IRMAA)
- Late Enrollment Penalty (LEP)
- Service charges
Subsidy Application
Outside Rebate Application(s)

Application(s) must be signed, dated, and all questions answered per section instructions.

- Required Form For ALL Members:
  - FORM 355: HEALTH INSURANCE PREMIUM SUBSIDY APPLICATION

- Required Form For GROUP Insurance**:
  - FORM 354: GROUP HEALTH INSURANCE PREMIUM VERIFICATION

** In addition to submitting Form 355, Group Form 354 must be completed and signed by your group insurance representative.
Form 355

ALL MEMBERS MUST COMPLETE THIS FORM
Form 355 – Section 1

Complete **all** of the required information in this section.

<table>
<thead>
<tr>
<th>Member Name: First</th>
<th>M.I.</th>
<th>Last</th>
<th>Last 4-digits SSN/Member ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address: Street</td>
<td>Apt. or Unit no.</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Date of Birth: (MM/DD/YYYY)</td>
<td>Male</td>
<td>Female</td>
<td>Email Address:</td>
</tr>
</tbody>
</table>
Form 355 – Section 2

- If Medicare eligible, provide the amounts you **paid** for Medicare Parts A, B and D (include an effective date).
- If you did **not** have any health insurance in 2022, it is **critical** that you check the box below.

**SECTION 2: MEDICARE INFORMATION**

If you **DO NOT** have Medicare coverage, continue to Section 3. If you are covered by Medicare, complete this section, and include your required documentation, then continue to Section 3. **DO NOT** add/include IRMAA premiums. CTPF does **NOT** subsidize IRMAA or LEP premiums.

<table>
<thead>
<tr>
<th>MONTHLY PART A PREMIUM</th>
<th>MONTHLY PART B PREMIUM</th>
<th>MONTHLY PART D PREMIUM AND COVERAGE EFFECTIVE DATE (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ I did **NOT** have individual or group health plan coverage in 2022.

If you are **ONLY** applying for a Medicare subsidy, check the box to affirm that you did not have other coverage during this period, then continue to Section 5. If you had coverage *(including $0 premium plan)* in addition to Medicare, continue to Section 3.
Form 355 – Section 3

Any member with health insurance must complete this section:

- Check which type of coverage you had in 2022.
- Check which type of insurance (individual or group).
- If you spent a portion of the year in both types of plans, please check both boxes.

**SECTION 3: HEALTH INSURANCE INFORMATION**

If you had health insurance *(medical and prescription)* coverage other than or in addition to Medicare, indicate the type of insurance plan you were enrolled. You MUST select one:

Type of Coverage: ☐ Single ☐ Couple ☐ Family ☐ CTPF Couple *(if two married/civil union CTPF retirees, complete separate applications)*

Indicate the type of insurance plan you were enrolled in 2022: If you were enrolled in both plans, please check both boxes.

☐ Individual Health Plan ☐ Group Health Plan

**INDIVIDUAL HEALTH PLAN**

If you have individual coverage, you purchase insurance directly from the carrier and pay 100% of the cost. Provide proof of premiums paid by you for January and December 2022. If your individual health plan has a $0 premium, please provide a carrier statement. Check the applicable boxes then continue to Section 4.

**GROUP HEALTH PLAN**

If you have group coverage, an employer or group purchases coverage and you pay premiums to the employer/group. Coverage could also be provided to you at no cost. If you participate in a group plan, the employer/group must also complete CTPF Form 354. Check the applicable boxes then continue to Section 5.
Form 355 – Section 4

- If Section 3 was completed, Section 4 **must** be as well.
- Were you enrolled in the Affordable Care Act (ACA) and did you receive a monthly tax credit?
- What was the health insurance premium amount and how often did you pay? Did your premium change in 2022?
Form 355 – Section 5

- Section 5 **must** be signed and dated.
- The application will be rejected if not completed.
**MEMBERS WITH GROUP INSURANCE MUST COMPLETE THIS FORM**

**CRITICAL: PROVIDE THE INSTRUCTIONS WITH THE APPLICATION TO THE GROUP INSURANCE AGENT**
Form 354 – Section 1

- Member needs to complete all of the required information in this section.
- Please provide your group administrator both Form 354 and the 354 instructions.
Form 354 – Section 2

- Completed by the Employer/Group Plan Representative, **not** the member.
- Provide the instructions with the application.
Form 354 – Section 2A

- Completed by the Employer/Group Plan Representative, not the member.
- This is only for medical and prescription coverage.
- All group plan members must have this section completed.
Form 354 – Section 2B

- Completed by the Employer/Group Plan Representative, **not** the member.
- This is *only* for medical and prescription coverage.
- If CTPF member is a dependent, this section **must** be completed.

<table>
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<tr>
<th>B COUPLE COVERAGE COST INFORMATION</th>
<th>1 Premium Cost</th>
<th>2 Premium Cost Change</th>
<th>3 Premium Cost Change</th>
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<td>as of January 1, 2022</td>
<td>Effective Date:</td>
<td>Effective Date:</td>
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<tr>
<td>1. Policy holder’s monthly medical and Rx premium cost:</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2. Employer/Group’s monthly medical and Rx premium cost: (the amount paid by your organization on behalf of the policy holder)</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>3. Total monthly cost of couple medical and Rx coverage insurance (1+2):</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
Form 354 – Section 2

- The last part **must** be signed and dated **by** the Employer /Group Plan Representative.
- The application will be rejected if not completed correctly.
- This form should be returned to the member and submitted **with** the Form 355 and all other required evidence.
Required Documentation and Common Pitfalls
Proof Required to Process Outside Rebate

Preferred Proof for each Premium:

**Individual Health Insurance:**
- Carrier statement requested from the insurance company

**Medicare Part A:**
- Social Security statement requested from SSA or
- Social Security benefit letter (available online) or
- Medicare premium bills (shows January 2022 and December 2022 payments)

**Medicare Part B:**
- 1099-SSA or
- Social Security statement requested from SSA or
- Social Security benefit letter (available online) or
- Medicare premium bills (shows January 2022 and December 2022 payments)

**Medicare Part D:**
- Carrier statement requested from the insurance company or
- Social Security benefit letter (available online)
Proof Required to Process Outside Rebate

New Easier Process for 2022:
When providing proof, it is critical that member supplies proof of premium paid.

Consider it in this manner:
1. Proof of the *period* member is *paying for* health insurance (Ex: *January 2022* coverage).
2. Proof of *payment* for the period being charged for (Ex: Proof that member *paid* $200 for *January 2022* coverage).
3. Proof that the coverage period and premiums are for *MEMBER only* (Sometimes members and their spouse are billed on the same invoice).
Examples of Proof for Outside Rebates

Preferred Proof for Each Premium:

Individual Health Insurance:
Carrier statement requested from the insurance company

Upon request, most insurance carriers will send a printed statement detailing payments made for the coverage period requested. Each carrier will present this information differently on their statement, but there is some essential information that **MUST** be included in order for CTPF to accept:

- Member’s name
- Member’s ID
- Coverage period
- Premium paid for that coverage period
- Insurance company name or logo
Examples of Proof for Outside Rebates

Preferred Proof for Each Premium:

Individual Health Insurance – Blue Cross Blue Shield:

Acceptable Proof

![Image of Blue Cross Blue Shield invoice]

<table>
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<tr>
<th>Member Name</th>
<th>Member ID</th>
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<td>$220.00</td>
</tr>
</tbody>
</table>
Examples of Proof for Outside Rebates

Preferred Proof for Each Premium:

- Individual Health Insurance - AARP
  - UHC: Acceptable Proof
Examples of Proof for Outside Rebates

Preferred Proof for Each Premium:
Individual Health Insurance – AARP UHC:
- $0 Premium acceptable proof
Examples of Proof for Outside Rebates

Preferred Proof for Each Premium:

- Individual Health Insurance - **Humana**: $0 Premium acceptable proof
Common Pitfalls CTPF Observes

- **Wellcare statements** provide annual premiums. CTPF will still need a monthly breakdown from the carrier. Please call Wellcare for this detail.

- **Marketplace** with ACA tax credits must provide proof from the insurance carrier. The 1095 is not acceptable.

- For **Tricare**, proof of enrollment must be provided. Please submit proof of 1095 or letter from VA agency or Department of Defense. If applicable, provide proof of supplemental health insurance.
Examples of Proof for Outside Rebates

Preferred Proof for Each Premium:
Individual Health Insurance – Tri-Care:
- Acceptable proof

[Sample Letter Image]
Examples of Proof for Outside Rebates

Preferred Proof for Each Premium:
Individual Health Insurance – Tri-Care: Acceptable proof
Examples of Proof for Outside Rebates

Preferred Proof for Each Premium:
Individual Health Insurance – Marketplace with ACA Tax Credit:

- **MUST** provide proof from the insurance carrier
- **1095-A: NOT** sufficient proof

```
<table>
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<th>Covered Individual 50%</th>
<th>Covered Individual 50% of base premium cost (premium)</th>
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</tr>
</tbody>
</table>
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Examples of Proof for Outside Rebates

Preferred Proof for Each Premium:

Medicare Parts A, B and D:

- Medicare premium bill is acceptable proof
  - For individuals who receive a Medicare premium bill either monthly or quarterly, CTPF is most interested in the dates that Medicare processed your January 2022 and December 2022 payments.
Examples of Proof for Outside Rebates

Preferred Proof for Each Premium:

Medicare Part B - Form SSA-1099:

- **Acceptable proof** for **Med B** but **NOT** sufficient for Medicare Part D proof
Examples of Proof for Outside Rebates

Preferred Proof for Each Premium:

Medicare Part D – AARP UHC:

- Prescription coverage acceptable proof
Examples of Proof for Outside Rebates

Preferred Proof for Each Premium:

Medicare Part D - Aetna:
- Prescription coverage acceptable proof
Insufficient Proof

Do **NOT** provide the following items as proof as they are not acceptable:

- Doctor Bills
- Explanation of Benefits (EOB)
When is the Outside Rebate Application Due?

- **2022 Rebates:** Due by **August 31, 2023**
  - Must be postmarked by August 31, 2023 **OR**
  - Must be faxed or emailed (*preferred method*) by August 31, 2023.
    - CTPF advises all members to submit forms and documentation electronically. Send your forms by Fax 312.641.7185 or email an attachment (.pdf format) to imaging@ctpf.org.
  - **NO** exceptions after due date
- **2023 Rebates:** *applications and supporting evidence will be due on July 31, 2024*
How Long Will It Take for CTPF to Process My Outside Rebate Application?

- Applications are processed in the order received.
- Each application takes approximately **90 days after receipt** for CTPF to process payment, assuming proof is sufficient and member is eligible for a subsidy.
- Insufficient proof is treated as a **new** application and requires full review.
- If CTPF has to send a missing documentation (proof) letter, this **will** delay payment. Once CTPF receives the missing evidence, the new documentation will take approximately **another 90 days after receipt** for CTPF to process.
Important Information to Consider

CTPF
Chicago Teachers’ Pension Fund

Health Insurance
Outside Rebate
Helpful Information

- CTPF attempts to pay rebates at the end of each month.
- CTPF reviews previous year’s rebate to ensure consistency from year to year.
- If after 90 days, member has questions about rebate status, please send an email to memberservices@ctpf.org for a status.
- If a member passes away before the application is signed, the survivor will need to submit an application as a survivor (and will be effective the first of the month following the member’s date of death).
  - Power of Attorney ceases when a member passes away.
- CTPF does check to ensure member was not enrolled in CTPF’s health insurance during 2022.
Helpful Information

- Some members are not eligible for a rebate because the subsidies they receive elsewhere are more than CTPF would provide.
- If a member has health insurance coverage from the Chicago Board of Education or the Federal Government, the only required documentation is a check stub (for January and December 2022), showing the amount paid for the coverage.
- Remember if a member had a premium change for health insurance and/or Medicare payments, note the change on the application and in the proof provided.
Helpful Information

- If a member is in a group plan and CTPF has not been able to reach the group insurance plan representative after two attempts, member will receive a missing evidence letter to work with their group provider.
  - If not received timely, this will impact the member’s outside rebate calculation and ultimately, the payout.
- CTPF is not responsible for incomplete or incorrect information provided.
- CTPF sends email reminders monthly to ensure members submit their rebate application by August 31, 2023.
Don’t Miss Important Information

Stay up-to-date on changes by having your email on file at CTPF

- Contact Member Services to update your email address: email memberservices@ctpf.org, or call 312.641.4464
- Submit documents to imaging@ctpf.org or via fax at 312.641.7185
- Register for email updates at ctpf.org
  - Scroll down to bottom and enter your email address
Register for *myCTPF*

CTPF has launched its new Self-Service Portal, *myCTPF*. Members who register for *myCTPF* create their own unique User ID and password. Once an account is created, members can use *myCTPF* to securely access CTPF documents and information.

**Registered members can:**

- View and update address/contact information on file with CTPF.
- Retirees and surviving spouses can view and download a 1099-R and pay advice(s).
- Active and inactive members can view and download their annual Member Statement and request a pension estimate, if eligible.
- *myCTPF* is available to all CTPF members who complete the one-time registration process.
Thank You

For more information, please contact
CTPF Member Services: 312.641.4464 | MemberServices@ctpf.org