

APPLICATION TO PURCHASE PRIVATE TEACHING SERVICE

FORM **685** (REV. 8/2023)

Chicago Teachers' Pension Fund

☐ Sign and date this section.

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

If you were a state certified teacher or administrator employed by a private school recognized by the Illinois State Board of Education and served as a contributing teacher for a CTPF employer for at least 10 years, you may be eligible to purchase that private teaching service and have that credit added to your total years of service. Please read the requirements, instructions and application form carefully and complete all information as requested. Incomplete forms will percessitate additional communication and delay the processing of the request

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RE	QUIREMENTS									
	You must be a certified teacher in a full-time position, and currently contributing to CTPF. You must have been a participating member of CTPF on or after May 13, 2022, which is the effective date of PA-102-0822.		In order for the private school employment to be recognized as pension credits, you must complete 10 years of CTPF contributing service. Private school service may be purchased prior to completing the 10 years; However, it will not be used for benefit purposes until the 10 years requirement has been							
	Your private school employment must have been rendered prior to your current CTPF participation. The private school must have been registered/recognized by the Illinois State Board of Education. Your position with the private school must have been as a teacher or administrator. At the time the employment was rendered, you must have been recognized by the Illinois State Board of Education as a certified teacher or administrator. You must submit documentation verifying the date you became certified in		met. You may not receive credit for this same private school period under any other Illinois retirement system. You may be eligible to purchase up to a maximum of 2 years of service credit. The purchase of this service must be completed before you receive your first pension check from CTPF, or another retirement system covered by the Illinois Retirement Systems Reciprocal Act (if retiring under reciprocity). Applications for this service MUST BE received prior to the							
	Illinois. This documentation is required.		deadline of May 13, 2024.							
PΑ	YMENT OPTIONS AND INTEREST									
	Cost to purchase private teaching service will be based on the applicant paying the employee and employer required contributions plus 6.5% compounded interest, for the period being requested. The first-year annual salary rate during covered employment will be used to calculate the amount of the contributions to be paid by the member. Service credit WILL NOT be added to your account until you have paid the entire bill. You may pay for this service through a rollover from a traditional pension plan. Please complete and submit Form 435 Certification rollover funds.									
SEC	TION 1: MEMBER INFORMATION									
	 □ Please complete entire section. □ Optional: your anticipated retirement date, if known. □ Former name: If you previously participated in CTPF under the complete entire section. 	er a	different name, please provide it here.							
SEC	TION 2: EMPLOYER / POSITION INFORMATION									
	☐ CTPF will contact the private school for verification of your employment dates and position.									
	☐ In order to verify your private school employment, please provide the name, address and telephone for the school or district tha retains your employment records. Please be sure to provide accurate contact information; inaccurate information will delay the processing of your request.									
SEC	TION 3: MEMBER CERTIFICATION									



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FORM 685 (REV. 8/2023)

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PLEASE PRINT OR TYPE. Read attached instructions before completing application.

SECTION 1: MEMBER INFORMATION								
Legal Name: First	M.I.	Last				Member ID/Last 4 Digits of SSN:		
Mailing Address: Street		Apt. or Unit no.	City		State	Zip		
Telephone number: (with area code)	Birth date: (MM/	Birth date: (MM/DD/YYYY) Anticipate			d retirement date: (optional)			
Former name:	E-mail address:							
SECTION 2: FORMER EMPLOYER								
Name of former employer:			Telephone nu	Telephone number: (with area code)				
Mailing Address: Street		Apt. or Unit no.	City		State	Zip		
Former Position:		Employment Dates:						
SECTION 3: MEMBER CERTIFICATION (C	Check all tha	t apply)						
I hereby certify that:								
☐ I am a regularly certified, full-time appoint contributing to CTPF.	urrently	☐ The above named private school was registered/ recognized by the Illinois State Board of Education.						
Name of current school:	ame of current school:			☐ I am not using the private school service indicated above for benefit purposes under another IL Reciprocal Retirement System.				
□ I was employed as a teacher or administrator by the aforementioned private school and certified as such by the Illinois State Board of Eduction.			☐ I am not currently eligible to receive a pension benefit based upon my contributions and service at this private school.					
I authorize my former private school/employe in an effort to establish private teaching service		ve to release info	rmation to the C	Chicago Teachers	s' Pension Fur	nd (CTPF)		
Member Signature:				Date				