

NOTICE OF RETURN TO WORK: PERMANENT OR ANNUAL RE-EMPLOYMENT

FORM 773
(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

A CTPF retiree who returns to work for a Chicago Board of Education (BOE) or a Chicago charter school on a permanent or annual basis will have their pension benefits and health insurance subsidies cancelled. Retirees who intend to seek re-employment with a BOE/Chicago charter school employer must file this form with CTPF before returning to work, and complete any additional forms required by the Employer.

CTPF's Rules Governing Re-Employment can be found at www.ctpf.org.

Member Name: First	M.I.	Last		Last 4 digits of SSN or Member ID:		Date of Birth: (MM/DD/YYYY
Mailing Address: Street			Apt. or Unit No.	City	State	Zip
Telephone Number: (with area code)				Email Address:		
Did you retire under the Illinois Recipro	ocal Act	? □ Yes [□ No	I		
If you answered yes, please list your fi	nal syste	m:				
SECTION 2: EMPLOYMENT INFORMA	TION					
SECTION 2. EIVIPLOTIVIENT INFORIVIA	ITION					
Date of Return to Work:						
School or Attendance Center:						
Principal/Supervisor:						
SECTION 3: ACKNOWLEDGEMENT						
I certify that my return to work is periode cancelled retroactive to the date owhichever is earlier.						
I will be obligated to repay all pensior date I reapply for a pension and my p				dies received from the da	ate of can	cellation until the
Member Name (Please Print)		Member	's Signature		Date	