



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

FORM 773
(REV. 8/2019)

Chicago Teachers' Pension Fund 203 North LaSalle Street, Suite 2600 | Chicago, IL 60601-1231 | 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.

SECTION 1: MEMBER INFORMATION

| | | | | | |
|---|------|------------------|---|------------------------------------|-----|
| 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 Reciprocal Act? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If you answered yes, please list your final system: | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |

SECTION 2: EMPLOYMENT INFORMATION

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|-------------------------------------|
| Date of Return to Work: |
| School or Attendance Center: |
| Principal/Supervisor: |

SECTION 3: ACKNOWLEDGEMENT

I certify that my return to work is permanent and annual. I understand that my pension benefits and health insurance subsidies will be cancelled retroactive to the date of re-employment.

I will be obligated to repay all pension benefits and health insurance subsidies received from the date of re-employment until the date I reapply for a pension and my pension application is accepted.

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|-----------------------------------|---------------------------|-------------|
| _____ | _____ | _____ |
| Member Name (Please Print) | Member's Signature | Date |