



INSTRUCTIONS

PLEASE READ CAREFULLY

- Our records indicate that your income has exceeded your designated post-retirement earnings limit as specified under a waiver of Section 212 or Section 211 of the Retirement and Social Security Law (RSSL); therefore, in accordance with applicable provisions of the RSSL, your monthly retirement allowance is subject to immediate suspension.
- To avoid suspension of your retirement allowance, you must send a lump-sum payment in the amount of your excess earnings to your employer; your payment must be received within 30 days of the date of your notification letter (code RP90 or RP91) from TRS. *(Note: If you are employed by the New York City Department of Education (DOE), your certified check or money order must be made payable to the "New York City Department of Finance.")* On your certified check or money order, you must include your TRS Retirement Number, your Social Security number, and the year in which the overpayment occurred. The amount of your excess earnings and additional payment instructions are provided in your notification letter.
- Please complete this form to notify TRS as to whether or not you will exercise this option. If TRS does not receive your completed form within 30 days of the date of your notification letter, your monthly retirement allowance would automatically be suspended in accordance with applicable provisions of the RSSL.
- For more information about the rules governing post-retirement employment, please consult the *Earnings After Retirement* brochure.
- For your convenience, TRS forms and publications are available on our website. If you require additional assistance, we encourage you to contact our Member Services Center at 1 (888) 8-NYC-TRS.

In Part A: All information must be provided.

In Part B: You must put a check mark in the appropriate box and write your initials in the space provided.

In Part C: You must sign and date this form.

**OVERPAYMENT OF POST-RETIREMENT
EARNINGS FORM**



TEACHERS' RETIREMENT SYSTEM
OF THE CITY OF NEW YORK (TRS)
55 Water Street, New York, NY 10041
www.trsnyc.org • 1 (888) 8-NYC-TRS

Please read the instructions on the reverse side before completing this form.

(NOTE: Please print in black or blue ink, and initial any changes that you make on this form.)

PART A: All information must be provided.

First Name	MI	Last Name	Social Security Number (last 4 digits only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address	Apt. No.	TRS Membership/Retirement Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip Code	Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
<input type="text"/>	<input type="text"/>	<input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
			(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please keep your personal information with TRS up to date. We will update our records based on the information you provide above, so do *not* enter a temporary address; instead, TRS suggests that you consult the U.S. Postal Service about having your mail forwarded on a temporary basis. To register any changes to your permanent address (and/or phone number), please access our website or file a "Member's Change of Address Form" (code DM13) with TRS.

If you are providing new information above, please indicate the effective date (M/D/Y): //

PART B: Please elect ONE of the following options and write your initials in the space provided.

REPAYMENT OF POST-RETIREMENT EXCESS EARNINGS: *I understand that my earnings have exceeded the designated earnings limit, as referred to in the Section 212 Waiver that I filed with TRS or the Section 211 Waiver that I filed with my employer, and that, as a result, my monthly retirement allowance is subject to suspension in accordance with applicable provisions of the RSSL. To avoid this penalty, I agree to send my employer a lump-sum payment in the amount of my excess earnings, and understand that my payment must be received within 30 days of the date of my notification letter (code RP90 or RP91) from TRS. If I am employed by the DOE, I understand that my certified check or money order must be made payable to the "New York City Department of Finance."*

SUSPENSION OF MONTHLY RETIREMENT ALLOWANCE: *I understand that my earnings have exceeded the designated earnings limit, as referred to in the Section 212 Waiver that I filed with TRS or the Section 211 Waiver that I filed with my employer. I elect not to make a lump-sum payment in the amount of my excess earnings within 30 days of the date of my notification letter (code RP90 or RP91) from TRS. I also understand that, as a result of my election, TRS will suspend my monthly retirement allowance in accordance with applicable provisions of the RSSL.*

PART C: Please complete the following and sign and date below.

I certify that the information provided on this form is accurate. I acknowledge that such confirmation is provided as a basis for TRS' reasonable reliance on same.

MEMBER'S SIGNATURE _____ DATE _____
(MM/DD/YYYY)