



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, 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 from TRS. The amount of your excess earnings and additional payment instructions are provided in your notification letter.
- Please complete this form to notify TRS whether you will make a payment in the amount of your excess earnings. 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.
- A summary of your earnings after retirement and related features are available in the secure section of our website. For more information on this topic, consult TRS' *Earnings After Retirement* brochure and the frequently asked questions (FAQs) on our website.
- If you require additional assistance, contact our Member Services Center at 1 (888) 8-NYC-TRS.

In Part A: Provide all information requested.

In Part B: You must choose one option in this part.

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

(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 below.

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.	TR 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"/>
Email Address			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"/> <input type="text"/>

Check here if you entered new contact information above. TRS will then update our records based on what you entered.
Please keep your contact information up to date. You can visit our website to update your contact information anytime, or file a "Member's Change of Address Form" (code DM13) with TRS.

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 I filed with TRS or the Section 211 Waiver I filed with my employer and, as a result, my monthly retirement allowance is subject to suspension. To avoid this penalty, I agree to send my employer 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 from TRS.*

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

PART C: Please read the following statement and sign and date below.

I certify that I have read the information in my notification letter and the instructions on this form. I affirm that, to the best of my knowledge, all information I have provided above is true and correct.

If I am signing as an agent of the individual named in Part A, I certify that I have no knowledge or notice that my authority as the agent has ended by revocation, termination, death, divorce, or otherwise.

CHECK HERE IF YOU ARE SIGNING AS AN AGENT.

YOUR SIGNATURE

YOUR PRINTED NAME

DATE (MM/DD/YYYY)