PENSION OVERPAYMENT RECOVERY APPEAL

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

INSTRUCTIONS

PLEASE READ CAREFULLY

- **Please file this form with TRS if you want to appeal the overpayment recovery plan described in your notification letter. This appeal is only for the recovery plan (*i.e.*, 1% deducted from future payments). The correction of your retirement allowance cannot be appealed.**
- **TRS must receive this form within 90 days of the date of your notification letter. You may appeal based on one or both of the following criteria:**
  1) **You did not know or could not reasonably be expected to know that your retirement benefits from TRS were overstated; and/or**
  2) **The terms of the pension overpayment recovery plan indicated in your notification letter will cause you significant financial hardship.**
- **Please mail the completed form to:**
  Teachers' Retirement System of the City of New York
  55 Water Street
  New York, NY 10041
- **If you have any questions, please contact TRS at the number on your letter.**

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

PART A: Please provide the information below.

First Name | MI | Last Name

Social Security Number (last 4 digits only) X X X – X X – ☐ ☐ ☐ ☐

Permanent Home Address | Apt. No.

TRS Membership/Retirement/Beneficiary Number

City | State | Zip Code

Primary Phone Number (Check one: ☐ Home ☐ Work ☐ Mobile) (☐ ☐ ☐) ☐ ☐ ☐ – ☐ ☐ ☐ ☐

Email Address

Alternate Phone Number (Check one: ☐ Home ☐ Work ☐ Mobile) (☐ ☐ ☐) ☐ ☐ ☐ – ☐ ☐ ☐ ☐

☐ 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) or, if applicable, a "Beneficiary's Change of Address Form" (code DM14) with TRS.

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PART B: In the space below, please indicate the reasons for appealing the overpayment recovery plan described in your notification letter. You may attach an additional sheet or supporting documentation if needed.

1) *I did not know or could not reasonably have been expected to know that my TRS retirement benefits were overstated because:*

TRS CALCULATION ERROR

2) *The terms of my pension overpayment recovery plan will cause significant financial hardship because:*

PART C: Please read the statement and sign and date below. If you are an agent/legal representative signing on the member's/beneficiary's behalf, please indicate this.

I certify that I would like to appeal the overpayment recovery plan described in my letter (1% deducted from future payments to recover the overpayment amount). I understand that TRS' correction of my retirement allowance is not subject to appeal. I understand that I must return this form within 90 days of the date of my notification letter, and I certify that the information provided on this form is accurate to the best of my knowledge.

If signing as an agent, I certify that I have no knowledge or notice that my authority as the member's/beneficiary's agent has ended by revocation, termination, death, divorce or otherwise.

☐ **CHECK HERE IF YOU ARE SIGNING AS AN AGENT.**

SIGNATURE _____ DATE (MM/DD/YYYY) _____