

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

FORM 773
(REV. 6/2022)

Chicago Teachers' Pension Fund

Member Name (Please Print)

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 Chicago Public Schools, in a Chicago charter or contract 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? ☐ Yes ☐ No | | | | | | |
| If you answered yes, please list your final system: | | | | | | |
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| SECTION 2: EMPLOYMENT INFORMAT | ION | | | | | |
| Date of Return to Work: | | | | | | |
| School or Attendance Center: | | | | | | |
| Principal/Supervisor: | | | | | | |
| Are you working in an approved subject shortage area? Yes No | | | | | | |
| | | | | | | |
| SECTION 3: ACKNOWLEDGEMENT (Please check one) | | | | | | |
| ☐ I certify that my return to work is p subsidies will be cancelled retroact credit was validated, whichever is o | ive to | | | | | |
| I will be obligated to repay all pens date I reapply for a pension and m | | | | ubsidies received from th | e date of | cancellation until the |
| ☐ I have returned to work in a certification through | - | _ | and therefore n | ny pension benefits and h | ealth insu | rance subsidies are |
| | | | | | | |

Member Signature

Date