

CERTIFICATION OF EMPLOYMENT UNDER SECTION 212



TEACHERS' RETIREMENT SYSTEM
OF THE CITY OF NEW YORK (TRS)
55 Water Street, New York, NY 10041

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

PART A: All information must be provided below.

First Name	MI	Last Name	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Permanent Home Address	Apt. No.		TRS Retirement Number
<input type="text"/>	<input type="text"/>		<input type="text"/>
City	State	Zip Code	Daytime Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Date of Birth (M/D/Y)	Date of Retirement (M/D/Y)		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		

TRS cannot update a member's address based on changes indicated on unnotarized forms such as this one. Therefore, you should file a "Member's Change of Address Form" (code DM13) to inform us of any recent or upcoming changes to your permanent address (and/or your phone number). You may obtain forms and publications through our website at www.trs.nyc.ny.us, or the TRS Service Line at 1 (888) 8-NYC-TRS, Option 1.

- TRS service retirees may return to public employment with New York State or any of its political subdivisions. However, if you are under age 65, you must complete this form and return it to TRS if you anticipate that the total of your post-retirement earnings plus the pension portion of your allowance will exceed \$1,800 annually. If you do not file this form and you exceed this amount, you will risk having to repay the excess earnings or forfeiting your retirement allowance for a period of time equal to the length of your public employment.
- While working under a Section 212 Waiver, you are entitled to earn up to a designated limit (generally determined annually by the New York State Legislature) without jeopardizing your retirement allowance. However, if you exceed the earnings limit, your retirement allowance would be suspended, generally for the rest of the calendar year.
- Please note that this form is only valid for the calendar year in which it is filed (which you must indicate in Part C). You must file a new form for each calendar year that you work in public service for New York State or any of its political subdivisions until the year in which you reach age 65.
- For more information, including the current Section 212 earnings limit, please refer to the *Earnings After Retirement* brochure (code 9.3). You may obtain forms and publications through our website at www.trs.nyc.ny.us, or the TRS Service Line at 1 (888) 8-NYC-TRS, Option 1.

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PART B: Please provide the requested information.

Current employer: _____
(e.g., New York City Department of Education)

Title of position from which you retired: _____

PART C: Please complete the following and sign below.

I, _____, a TRS service retiree, certify that I have accepted a position in public service with New York State or its political subdivisions and want to continue to receive my retirement allowance.

I understand that, if my earnings from public service exceed the earnings limit permitted under Section 212 for the calendar year _____, my retirement allowance may be suspended in accordance with applicable provisions of the law.

MEMBER'S SIGNATURE _____ DATE (M/D/Y) _____