

TEMPORARY POST RETIREMENT REEMPLOYMENT

State Employees Retirement System and Alternate
 Retirement Program Retired Members Only
 CO-1208 Revised 2/11

STATE OF CONNECTICUT
 OFFICE OF THE STATE COMPTROLLER
 RETIREMENT SERVICES DIVISION

GENERAL INFORMATION

Connecticut General Statutes (CGS) Section 5-164a, CGS Section 5-192v and the collective bargaining agreement between the State and the State Employees Bargaining Agent Coalition effective July 1, 1997 (SEBAC V) address both the temporary and permanent reemployment of retired State Employees Retirement System (SERS) and Alternate Retirement Program (ARP) members.

Pursuant to these statutory provisions, temporarily reemployed SERS Tier I, Tier II, Tier IIA and ARP retirees may work a maximum of 120 days (960 hours) in a calendar year without engaging the pension suspension provisions of SERS; a SERS or ARP retiree reemployed in a state teaching position may work up to 45.97% of a full-time teaching schedule (12 load credits) without engaging the pension suspension provisions of SERS.

Retired SERS or ARP members who are being **permanently reemployed** must complete a Form CO-931, " Designation of Retirement System-Tier-Plan-Beneficiary".

RETIREE INFORMATION

NAME (Last, First, M.I.) (Print or Type) INCLUDE FORMER NAME	EMPLOYEE NUMBER	SOCIAL SECURITY NUMBER
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ADDRESS (Street No.,Name)	(City, State, Zip Code)
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RETIREMENT SYSTEM (Check one) SERS <input type="checkbox"/> ARP <input type="checkbox"/>	RETIREMENT DATE
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TEMPORARY EMPLOYMENT INFORMATION

DATE OF EMPLOYMENT	EMPLOYING AGENCY NAME	CORE-CT DEPT. ID
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EMPLOYING AGENCY ADDRESS

RETIREE STATEMENT

I understand that as a retired member of the State Employees Retirement System or the Alternate Retirement Program my continued receipt of monthly retirement benefits is dependent upon my working 120 days or less or teaching no more than 45.97% of a full-time teaching schedule in a calendar year as a temporarily reemployed retiree. I further understand that I will be subject to the pension suspension provisions of SERS should my employment exceed either of these maximums and may be required to return over paid retirement income to the date of reemployment for that calendar year.

RETIREE SIGNATURE	DATE	TELEPHONE NUMBER
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EMPLOYING AGENCY SIGNATURE (designated human resources official)	TITLE
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DATE	TELEPHONE NUMBER
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*Forward completed form to: Retirement Services Division, 55 Elm Street, Hartford, CT 06106
 Agency should retain one copy and provide one copy to the temporarily reemployed retiree.*