



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395

OFFICE SERVICES ONLY

RETIREE EARNINGS VERIFICATION

By law, NYSTRS retirees under age 65 have a \$35,000 per calendar year earnings limit on New York State public employment unless the employer has obtained a waiver on the retired member's behalf allowing them to exceed the limit.

Please complete, sign and return this form to the System as soon as a retiree you employ reaches the limit, even if a waiver is in place. Since the limit only applies to retirees under age 65, you do not need to complete this form if the retiree is at least age 65 or will turn 65 within the calendar year. To determine if an individual is a retiree of this System, use the membership verification application in the Employer Secure Area (ESA).

District Name															District Code														
Retiree Name Last Name															First Name										M.I.				

EmpID

Last 4 Digits of Social Security #

Note: Include any money this retiree *earned* within the calendar year, regardless of when it was *paid*. Payments made through accounts payable or by voucher must also be included.

Calendar Year		Calendar-Year Earnings to Date	
		_____ as of _____	_____
		(Total Earnings)	(Date)
If the calendar-year earnings reported above are in excess of \$35,000, please provide the date the member reached \$35,000 in earnings for the calendar year.		_____	
		(Date)	
Was the member paid on a regular payroll?		<input type="checkbox"/> Yes	<input type="checkbox"/> No*
*If not, how were they paid? _____			
Is this member still working for your district?		<input type="checkbox"/> Yes Employment is expected to end: ____/____/____	
		<input type="checkbox"/> No Employment ended on: ____/____/____	
Will this member return to your district during the next calendar year?		<input type="checkbox"/> Yes <input type="checkbox"/> No or Unknown	

Please attach a copy of the member's payroll records for the calendar year.

Payroll records are attached.

Signature of School Official	Title	Date

Please return completed form to the New York State Teachers' Retirement System at the address listed at the top of the form or you may fax it to (518) 431-8788.

If you have any questions, you may write or call us at (800) 348-7298, Ext. 6150.