STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET HARTFORD, CT 06106
In CT 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018
www.ct.gov/trb

**VOLUNTARY ADDITIONAL RETIREMENT DEDUCTION AUTHORIZATION AND CANCELLATION (TRB -81)**

FROM: _____
Member Name Account Number

TO: _____
Employing Board of Education

**GENERAL INFORMATION**

As a member of the Teachers' Retirement System you may voluntarily authorize deduction from your salary in addition to the total compulsory retirement contribution (6% regular contribution + 1.25% supplemental contribution).

The voluntary deductions will be paid in full with regular interest to the date of withdrawal under the following conditions:

- While you are actively teaching (limited to one withdrawal as an active member).
- While you are actively teaching to purchase additional credited service (e.g. military, out-of-state teaching etc.)
- Upon your termination from public school teaching in Connecticut.
- On death before retirement to your designated beneficiary.
- At retirement either: a) as a lump sum
  b) as an additional annuity payment
  c) to purchase additional credited service

**DEDUCTIONS**

Deductions must be in whole dollar amounts and may be increased, decreased, or cancelled at any time by filing a new form TRB-81 with your employer.

**TAXABILITY**

Voluntary deductions are made on an "after-tax basis" only. At the time of withdrawal, the after-tax deductions will not be considered taxable income. The interest accrued on these deductions, however, will be considered as taxable income in the calendar year in which the lump sum is made. At the time of retirement, if a member elects to apply their voluntary deductions towards the purchase of additional service credit or as an additional monthly annuity, the after-tax portion will be added into the "investment in contract" for purposes of determining the portion of the monthly benefit which is non-taxable.

**MEMBER AUTHORIZATION OR CANCELLATION**

I hereby authorize I hereby cancel

Additional voluntary payroll deductions of $ _____ monthly from my salary effective ___/01/_____.

_____
Member Signature Date

**The Board of Education should forward a copy of this completed form to CTRB once election has been processed.**