

# **TCTA Member Packet for Those Considering Retirement**

## **Oklahoma Teacher Retirement System**

**1.877.738.6365**

[www.ok.gov/trs](http://www.ok.gov/trs)

## **Social Security**

**866-931-7106**

**4750 S. Garnett Road**

**Office Hours: Monday – Friday 9:00 am to 3:00 pm**

## **Medicare**

**1.800.633.4227**

[www.medicare.gov](http://www.medicare.gov)

## **Health Insurance**

**Contact TPS Benefits Department 918.746.6350; 918.746.6351**

**Sick Days can be used toward retirement or you can collect money for accrued sick days if you've been with TPS for at least ten years.**

**Contact Sue Casey to ask how many days you have: [caseybe@tulsaschools.org](mailto:caseybe@tulsaschools.org)**

**918.746.6321**

**Contact TCTA for guidance on using sick days: [tcta@tulsacoxmail.com](mailto:tcta@tulsacoxmail.com)**

**918.749.2544**

## **OREA – Oklahoma Retired Educators Association**

**1.800.310.2230**

[www.orea.org](http://www.orea.org)

## **Tulsa Metro Retired Educators Association**

**Nancy Anderson [nancya48@aol.com](mailto:nancya48@aol.com)**

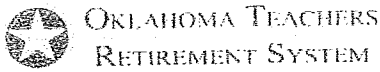
## Preparing for Retirement

- **Step One**
  - **Complete and return Pre-Retirement Information Verification (PIV) (attached) along with all required documentation**
    - **Name and complete mailing address**
    - **Social Security Number**
    - **Birth Certificate**
    - **Marriage License**
    - **Requested retirement date**
    - **Sick days (Verification required for 120 days. Get this from TPS Human Capital.)**
  - **Must be received no later than 90 days before requested retirement date**
- **Step Two**
  - **After TRS receives your PIV, they will send you an Intent to Retire (ITR)**
    - **Review this**
- **Step Three**
  - **Complete the Intent to Retire**
    - **Decide which Retirement Plan is best for you. (This should be decided after an in-person visit to the Oklahoma Teachers Retirement office in Oklahoma City.)**
    - **Sign and date**
    - **Return to the Oklahoma Teachers Retirement System no later than 60 days before your effective retirement date.**
- **Step Four – Final Retirement Contract**
  - **A Final Retirement Contract will be sent**
  - **Sign, date, and have it notarized. (Our secretary at the TCTA office is a notary public and will notarize your documents at no charge.)**
  - **Return the Contract at least 30 days prior to your retirement**
    - **State law requires your Contract be received at least 30 days prior to your retirement.**

## OKLAHOMA TEACHERS RETIREMENT SYSTEM TIMELINES FOR RETIREMENT

TO RETIRE ON	Pay Bill Balances, Submit PIV or Request Revised Estimates No Later Than	Submit Intent to Retire and Employer Retirement Verification No Later Than	Submit Retirement Contract and Payment Authorization No Later Than	Last Day of Active Employment No Later Than	First Retirement Payment Deposited On
January 1	October 1	November 1	December 1	January 10	February 1
February 1	November 1	December 1	January 1	February 10	March 1
March 1	December 1	January 1	February 1	March 10	April 1
April 1	January 1	February 1	March 1	April 10	May 1
May 1	February 1	March 1	April 1	May 10	June 1
June 1	March 1	April 1	May 1	June 10	July 1
July 1	April 1	May 1	June 1	July 10	August 1
August 1	May 1	June 1	July 1	August 10	September 1
September 1	June 1	July 1	August 1	September 10	October 1
October 1	July 1	August 1	September 1	October 10	November 1
November 1	August 1	September 1	October 1	November 10	December 1
December 1	September 1	October 1	November 1	December 10	January 1
Retirement date falls on the first day of each month.	Submit a PIV (Pre-Retirement Information Verification) and requested documentation to receive a retirement estimate. After a PIV is on file, revised estimates may be requested following the same timeline.  After PIV submission or client request, one of the following will be mailed to you: <b>Projection:</b> includes a range of several years and is provided if requested retirement date is more than 1 year into the future. <b>Hypothetical Estimate:</b> includes unpaid service and billings and any other hypothetical possibility than can affect retirement. Cannot be used to begin the retirement process. <b>Intent to Retire (ITR):</b> used to begin the retirement process. The ITR cannot include unpaid balances.	The Intent to Retire (ITR) is the signed intention to retire and will designate choice of retirement plan and partial lump sum option. The ITR must be signed by both client and spouse (if married). A Retirement Contract packet will be mailed after ITR has been received.  The Employer Retirement Verification form is to be completed by the employer.	The signed & notarized Retirement Contract and Benefit Payment Authorization (tax withholding and direct deposit designation) are due to OTRS no later than 30 days prior to retirement. <b>PLSO Distribution Election</b> form can be submitted at any time. Benefit payments may be adjusted after final remittances are received.	if client's last day of work is no later than the tenth day of the month, the client may retire the first day of the same month. However, if you qualify for the 90-day (75%) round up provision, then employment must terminate at the end (last day) of the final contract year. Terminating employment before or after last day of final year disqualifies this provision.	The first benefit payment is direct deposited to the client's account one month after the retirement date. Benefits are paid in arrears the first day of following month. (i.e. January retirement benefit -- minus taxes and health insurance for the month of January - is direct deposited to client's account February 1.)

(10-14-2013)



***\*Please submit this cover letter and checklist of the forms and documents enclosed with this request\****

**MAIL TO: Oklahoma Teachers Retirement System  
PO Box 53524  
Oklahoma City, OK 73152-3524**

**ATTENTION: Client Services**

I submit this request and documentation for the purpose of retirement planning. This is neither an official application for retirement nor an official designation of beneficiary. I understand that documentation must be provided for the information to be included in the calculation of estimate or projection of retirement benefits.

If it has been over twelve (12) months since a Pre-Retirement Information Verification (PIV) form or verification of sick leave has been submitted to Oklahoma Teachers Retirement, then a new/revised form and sick leave verification must be submitted. **If proof-of- birth documents or marriage license were previously submitted, it is not necessary to submit these documents again unless marital status has changed or I want calculations for a different joint annuitant.**

Please find the following form and documentation enclosed with this request:

- Pre-Retirement Information Verification (PIV) form
- Copy of client's proof of birth (**mandatory**)
- Copy of Joint Annuitant's proof of birth (*required to receive calculations of benefits for the one person named to receive lifetime benefit upon death of member*)
- Copy of marriage certificate or license (*if married to Joint Annuitant*).
- Verification of 120 days of accrued/unused sick leave (*for calculation of sick leave credit*)

I understand if I am over twelve months from normal retirement eligibility, I may receive a multi-year retirement projection. However, if I am within twelve months from my requested retirement date or normal retirement eligibility, I may receive an estimate packet entitled *Intent to Retire*. I understand that if I wish to pursue retirement, I must complete the *Intent to Retire* packet and submit the forms within the designated timeline to receive an official retirement contract packet (which also must be completed and submitted for retirement).

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Client:** \_\_\_\_\_ **SS# (last 4 digits):** \_\_\_\_\_



### Pre-Retirement Information Verification

(To be completed prior to receipt of an estimate of retirement benefits)

**Member Information:**

Name _____		Social Security Number _____
Mailing Address (Street, City, State, Zip) _____		
Date of Birth _____	Email Address _____	Daytime Phone _____
<b>Member Proof of Birth Required:</b> Please enclose a copy of your proof of birth from the following list (no originals) -- Valid State issued driver's license                      -- Valid State or Federal issued ID -- U.S. Passport (current or expired)                      -- State issued birth certificate		
<input type="checkbox"/> My proof of birth is enclosed		<input type="checkbox"/> My proof of birth was previously submitted

**Joint Annuitant:** (One person who could potentially continue to receive a lifetime monthly benefit upon member's death)

Name _____	Date of Birth _____	Relationship _____
Please Enclose a copy of your joint annuitant's Proof of Birth (from list above) to receive joint annuitant calculations.		
Please Enclose a copy of marriage license if your joint annuitant is your legal spouse.		
<input type="checkbox"/> Joint annuitant's proof of birth is enclosed	<input type="checkbox"/> Joint annuitant's proof of birth previously submitted	
<input type="checkbox"/> Marriage license is enclosed	<input type="checkbox"/> Marriage license previously submitted	<input type="checkbox"/> Joint annuitant is not spouse

**Retirement Date:**

<input type="checkbox"/> Please send a multi-year retirement projection
<input type="checkbox"/> At the end of the current school or fiscal year
<input type="checkbox"/> Soonest available date (May include early reduced benefits)
<input type="checkbox"/> Other Specific Date: ____/____/____

**Employment Status:**

<input type="checkbox"/> Inactive: I am not currently employed with an Oklahoma public education employer. <b>Date of separation:</b> ____/____/____			
<input type="checkbox"/> Active:			
<b>Anticipated last physical day on the job</b> (including summer school/adjunct): ____/____/____			
Current Employer(s)	Position	Hrs. per week	Months per yr. (worked)
_____	_____	_____	_____
_____	_____	_____	_____

**Sick Leave:**

<b>Do you have 120 days of unused sick leave?</b>
<input type="checkbox"/> Yes
<input type="checkbox"/> No
<b>If YES, please enclose a copy of pay stub or current leave statement. Sick Leave will not be used if verification not attached.</b>

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return Completed Form and Documents to:**  
 Oklahoma Teacher's Retirement System, PO Box 53524, OKC, OK 73152  
 Retirement application will not be processed until all supporting documents received.

OTRS USE ONLY	
PERS INFO	
EMP INFO	
RET DATE	
SICK LEAVE	
MBR POB	
JA POB	
M. LICENSE	



Oklahoma Retired Educators Association  
P. O. Box 18485  
Oklahoma City, OK 73154

For just \$3.00 per month, join the only organization with the sole purpose of improving the lives of Oklahoma's retired educators or their surviving beneficiaries.

**2015-16 OREA Membership Enrollment Form**

The OREA membership year runs from September 1, 2015 through August 31, 2016.

Please select below the desired category of OREA membership: "Annual" or "Continuous."

**OREA (State) - Select One**

- OREA "Annual" (\$36.00, payable by check or money order to OREA.)
- OREA "Continuous" (\$3.00 per month, withheld from your Teachers' Retirement System benefit. Your signature and Social Security number are required by TRS at the bottom of the enrollment form for continuous membership.)

NEA-Retired "Annual" or "Lifetime" membership is optional.

**NEA-Retired (Optional) - Select One**

- NEA-Retired "Annual" (\$30.00, payable by check or money order to OREA. NEA-R dues may not be withheld from your Teachers' Retirement System benefit.)
- NEA-Retired "Lifetime" (\$250.00, one-time payment by check or money order to OREA. NEA-R dues may not be withheld from your Teachers' Retirement System benefit.)

*The following section must be completed for all categories of membership. Please print.*

\_\_\_\_\_  
Name Social Security Number (required by TRS for "continuous")

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip County

\_\_\_\_\_  
Telephone E-mail Address

**Continuous Membership Authorization**

I authorize the Teachers' Retirement System of Oklahoma to deduct \$3.00 each month from my benefit check and remit same to the Oklahoma Retired Educators Association for payment of membership dues. This authorization is to remain in effect until cancelled by written notice to OREA. I understand this is a voluntary authorization and my receiving a monthly benefit is not dependent on membership in OREA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date