



Employment after Retirement Disability Election

TRS118D (09-16)

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Retiree's Name _____ TRS Participant ID _____
Social Security Number _____
Employing Institution _____

I understand that I can make a one-time only election to work on as much as a full-time basis for a Texas public educational institution for a period not to exceed three consecutive months. During this period, TRS will not withhold my monthly retirement benefit payment and my employer will not withhold TRS contributions from my salary.

- A. I elect the following months (must be consecutive), as my three-month trial period (insert month and year):
_____, _____, and _____
- B. I understand that this is a one-time only trial period.
- C. I understand working any part of a month counts as working a full month.
- D. I have not previously elected a three-month trial period during this period of disability retirement.
- E. I understand that I will not be entitled to service credit for the months or compensation credit for salary paid to me by my employer during the three-month trial period.
- F. I understand that if I retired after August 31, 2007, I am subject to a limit on the amount of annual compensation I may earn while receiving disability retirement benefits. The compensation limit includes compensation I receive during the three month trial period. I understand that if I exceed the annual limit, I am subject to loss of monthly retirement benefits and increased cost for TRS-Care retiree health benefit coverage until my compensation is reduced to the limit allowed.
- G. I understand that if I continue to work full-time beyond the three-month trial period, I will not be entitled to any further disability annuity payments, or TRS-Care retiree health benefits and will return to active membership.
- H. I understand that the three-month trial period must be in a school year that begins after my effective date of retirement and that the three-month trial period may not begin earlier than October 1 if my effective date of retirement is August 31.

I certify that I have read and understand the above information, and that I am electing to have this one-time only trial period apply for the designated months. I understand that this form must be filed with TRS before the end of the trial period for my election to be effective.

Signature of Retiree

Date