



Montana Teachers' Retirement System

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TRS Office Use Only

FORM 146: RETIRED MEMBER'S AND EMPLOYER'S NOTICE OF POSTRETIREMENT EMPLOYMENT

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

SECTION I: MEMBER INFORMATION - TO BE COMPLETED BY MEMBER

Full Name: First Middle Last Suffix

Effective Date of Retirement With TRS (mm/dd/yyyy) Social Security Number

Required Notice of Postretirement Employment

Both the TRS retired member and the employer must notify TRS when a retired member accepts postretirement employment with a TRS-covered employer in a position reportable to the retirement system. You, the retired member, must complete a Form 146 for each TRS-covered employer by whom you will be employed and must provide the required supporting documentation. Your employer must verify the information provided in this notice in Section II. The attached Termination and Postretirement Employment Q & A provides an overview of the law governing postretirement employment. Please direct any questions you have to TRS.

A new notice and supporting documentation must be provided annually, or at any other time that the terms of employment, duties or functions of the position, and/or compensation to be paid changes or a supporting document is created or amended.

Employer Information

Employer's Name

Employer's Mailing Address (include city, state, and Zip +4)

First Position

TRS Member's Position Title (as listed in job description) Job Functions/Duties

FROM TO

First Date of Employment (mm/dd/yyyy)* Term of Employment (mm/dd/yyyy)†

* The first date you provided service in the position or the effective date of an employment/service contract for the position, whichever is earlier.

† Beginning on the First Date of Employment until the last day of the employment/service contract term, or the date on which your employment in the position will end by agreement with your employer. In most cases, this will be the school/fiscal year; July 1, through June 30.

Compensation and Benefits

You must identify the total amount of all compensation, including the value of all benefits, to be paid or provided to you or on your behalf in consideration of your service in this position.

Annual Contract \$ _____ Daily Rate \$ _____ Hourly Rate \$ _____



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NOTICE OF POSTRETIREMENT EMPLOYMENT**

Second Position

TRS Member's Position Title (as listed in job description)

Job Functions/Duties

First Date of Employment (mm/dd/yyyy)*

FROM TO
Term of Employment (mm/dd/yyyy)†

- * The first date you provided service in the position or the effective date of an employment/service contract for the position, whichever is earlier.
- † Beginning on the First Date of Employment until the last day of the employment/service contract term, or the date on which your employment in the position will end by agreement with your employer. In most cases, this will be the school/fiscal year; July 1, through June 30.

Compensation and Benefits

You must identify the total amount of all compensation, including the value of all benefits, to be paid or provided to you or on your behalf in consideration of your service in this position.

Annual Contract \$ _____ Daily Rate \$ _____ Hourly Rate \$ _____

Required Supporting Documentation

You must attach copies of each and every contract, service agreement, salary or payment agreement, position or job description, and any other written documentation evidencing the terms of employment, duties and functions of the position, and compensation to be paid to you or on your behalf for all postretirement positions with this employer.

Member Certification

I certify that I have accepted postretirement employment in the position(s) and under the conditions/terms described above and that the enclosed supporting documentation correctly describes the position(s) and functions/services to be performed, and includes all documentation describing the terms of employment.

Member's Signature

Date

SECTION II: EMPLOYER CERTIFICATION - TO BE COMPLETED BY EMPLOYER

I certify the above named TRS retired member has accepted postretirement employment in the position(s) and under the terms/conditions described above and that the enclosed supporting documentation correctly describes the position(s) and functions/services to be performed, and includes all documentation describing the terms of employment.

Employer's Name

TRS Employer Number

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Employer's Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

Telephone Number

Certifying Officer's Name

Certifying Officer's Title

Certifying Officer's Signature

Date