TEACHERS' RETIREMENT SYSTEM OF THE STATE OF KENTUCKY

479 Versailles Road, Frankfort, KY 40601 | 800-618-1687

DISABILITY EARNING AFFIDAVIT

MEMBER'S Last Name	First Name	TRS member ID or SS#
Address/City/State/ZIP		

CERTIFICATION BY APPLICANT

Chapter 161 Section 661 of the Kentucky Revised Statutes requires that disability recipients report their employment earnings yearly to TRS. Please complete this affidavit and return it to TRS. Failure to complete this form could result in an interruption of benefits. **Members retired on disability are prohibited from any type of employment related to teaching or education related work. In addition, TRS Disability Retirees may not be employed in a position which qualifies for membership in a retirement system financed wholly or in part with public funds.**

_____, hereby certify that the following are true and

a courate statements recording my	employment after m		FOD DICADII ITV	DETIDEMENT
accurate statements regarding my _	employment after m	VAPPRUVAL	FUK DISADILI I	KETIKEMENT.

CERTIFICATION OF EMPLOYMENT EARNINGS AFTER DISABILITY RETIREMENT

Please check the appropriate box below.

I have been employed during the 20_____ calendar year.

(*Note:* You *MUST* enclose a copy of your *FEDERAL TAX RETURN* and *ALL W*-2's including those of your spouse if you file jointly. My earnings during this calendar year were \$_____.)

I have NOT been employed during the 20_____ calendar year.

(Note: <u>Do not</u> send a copy of your FEDERAL TAX RETURN or W-2's.)

I also understand that if my combined income from disability retirement and other employment exceeds \$41,982, I will be required to repay all monies earned over that amount.

Signature of Member	Date



I, _

Member's signature must be witnessed by two adults NOT related to the Retiree by birth or marriage.		
Signature of WITNESS #1	Date	
Address		
Auuress		
Signature of WITNESS #2	Date	
Signature of WITNESS #2	Date	