



Montana Teachers' Retirement System

P.O. Box 200139, Helena, MT 59620-0139
406-444-3134 • 866-600-4045 • trs.mt.gov

TRS Office Use Only

FORM 146: Retired Member's and Employer's Notice of Postretirement Employment

Alternative accessible formats of this document will be provided upon request.

REQUIRED NOTICE OF POSTRETIREMENT EMPLOYMENT

When a retired TRS member provides service on behalf of a TRS employer in a position that is reportable to TRS or to the Public Employees' Retirement System (PERS), the retired member and the employer must complete and submit this notice to TRS. Service includes substitute teaching or any other service as an employee, a volunteer, an independent contractor, or an employee or contractor of a third party.

A new notice and supporting documentation must be provided annually or at any time the terms of employment, duties/functions of the position, or the compensation to be paid have changed or when a supporting document has been created or amended.

Please be sure you have read and understand all relevant TRS Fact Sheets, available at trs.mt.gov. These Fact Sheets include, but are not limited to, the following:

- *Terminating Employment and Retiring with TRS*
- *Substitute Teaching*
- *Volunteer Service*
- *Working After Retirement*
- *Which Positions Are Reportable to TRS?*
- *Working as an Independent Contractor*

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 Your Retirement With TRS (mm/dd/yyyy) _____

X X X - X X - _____
Last 4 digits of your SSN

Note: If you will provide service for more than one TRS employer, you must complete Form 146 for **each** employer and provide supporting documentation. The employer must complete Section II to verify the information you have provided. Please direct any questions you have to TRS.

Information about your postretirement employment with: _____
Employer's Name

(1) First position with this employer: _____
Position Title

(a) Job functions/duties to be performed: _____

(b) This position is: ☐ **Volunteer** – Provide the internal position number assigned in employer's HR/payroll system: _____
(mark only one) ☐ **Compensated** – Provide the amount of all compensation, including the value of all benefits, to be paid or provided to you (or to a third party on your behalf) for your service in this position:

Annual Contract \$ _____ Stipend/Other \$ _____
Daily Rate \$ _____ Hourly Rate \$ _____

(c) Date of Service Contract/Agreement: _____ (mm/dd/yyyy)
This is the date on which you and the employer signed an employment/service contract/agreement, or the date on which you and the employer entered into a written or oral agreement for the compensated or volunteer services identified in this section.

(d) Service Start Date: _____ (mm/dd/yyyy) (e) Service End Date: _____ (mm/dd/yyyy)
This is the date on which you will provide or first provided service in the identified position. *This is either the last date on which you will provide service in the identified position OR the end date of the service contract/agreement term, whichever date is later.*



Montana Teachers' Retirement System

FORM 146: Retired Member's and Employer's Notice of Postretirement Employment – Pg 2

(2) Second position with this employer: _____
Position Title

(a) Job functions/duties to be performed: _____

(b) This position is: ☐ **Volunteer** – Provide the internal position number assigned in employer's HR/payroll system: _____
(mark only one)

☐ **Compensated** – Provide the amount of all compensation, including the value of all benefits, to be paid or provided to you (or to a third party on your behalf) for your service in this position:

Annual Contract \$ _____ Stipend/Other \$ _____

Daily Rate \$ _____ Hourly Rate \$ _____

(c) Date of Service Contract/Agreement: _____ (mm/dd/yyyy)

This is the date on which you and the employer signed an employment/service contract/agreement, or the date on which you and the employer entered into a written or oral agreement for the compensated or volunteer services identified in this section.

(d) Service Start Date: _____ (mm/dd/yyyy)

This is the date on which you will provide or first provided service in the identified position.

(e) Service End Date: _____ (mm/dd/yyyy)

This is either the last date on which you will provide service in the identified position OR the end date of the service contract/agreement term, whichever date is later.

Required Supporting Documentation

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

Member Certification

I certify that I will provide postretirement employment/service in the position(s) and under the terms and conditions described above. I also certify that I have enclosed all supporting documentation describing the services to be performed.

Member's Signature

Date

SECTION II: EMPLOYER CERTIFICATION – TO BE COMPLETED BY EMPLOYER

I certify that the TRS retired member named above will provide postretirement employment/service in position(s) and under the terms/conditions described above.

I also certify that all supporting documentation describing the services to be performed and all terms and conditions related to the provision of service are enclosed.

If any position identified above is a volunteer position, I certify that I have read and understand the TRS Fact Sheet entitled *Volunteer Service*. I further certify that the volunteer position fully meets the definition and criteria of *bona fide volunteer position* as described in TRS Fact Sheet *Volunteer Service*.

Employer's Name

TRS Employer ID

(_____) _____
Telephone

Employer's Mailing Address: Street or P.O. Box

City

State

ZIP (use ZIP+4 if known)

Certifying Officer's Name

Certifying Officer's Title

Certifying Officer's Signature

Date