



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
RETIREE RETURN TO WORK FOR AN
ASRS EMPLOYER (A.R.S. §§ 38-766 & 38.766.01)

PLEASE PRINT

COMPLETE AND SEND TO:
 ASRS Financial Services
 PO Box 33910
 Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
 Tucson (520) 239-3100
 Toll-Free (800) 621-3778
 Fax (602) 240-2017
 www.azasrs.gov

Disclosure of a member's Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

INSTRUCTIONS: A copy of this form should be submitted to the ASRS within 30 days of an ASRS retiree beginning direct employment and when a permanent change is made to an ASRS retiree's work hours and/or employment status. The *Working After Retirement Guidelines* are available at www.azasrs.gov.

SECTION 1 – Member Information (To be completed by the ASRS Retiree.)		
Social Security Number	Member Name (Last)	(First)
I Retired At: <input type="checkbox"/> Normal Retirement <input type="checkbox"/> Early Retirement		I Terminated On: <input type="checkbox"/> Termination Date: _____ (MM/DD/YYYY) <input type="checkbox"/> I did not terminate employment prior to retirement.
SECTION 2 – Return to Work Status (To be completed by the ASRS Retiree.)		
SELECT ONLY ONE: <input type="checkbox"/> Option One: I elect to remain retired and will return to work for 20 or more hours per week for 20 or more weeks in a fiscal year (20/20 criteria). I have met all of the requirements in A.R.S. § 38-766.01. <input type="checkbox"/> Option Two: I elect to suspend my pension, re-enter active ASRS membership and return to work for 20 or more hours per week for 20 or more weeks in a fiscal year. <input type="checkbox"/> Option Three: I elect to remain retired and my employment will not meet the criteria required for mandatory ASRS active membership as described in A.R.S. § 38-711(23)(b). <ul style="list-style-type: none"> • I understand my election of either Option One or Option Two above is <u>irrevocable</u> for the remainder of my employment with this employer. • I understand if the ASRS determines my employment is in violation of the Return to Work statutes, my pension may be suspended and I may be required to repay retirement benefits received and resume active ASRS membership. 		
Retired Member Signature	Date	
SECTION 3 – Intent of Employment (To be completed by the Employer.)		
Hours: <input type="checkbox"/> 20 or more hours per week <input type="checkbox"/> Fewer than 20 hours per week	Length: <input type="checkbox"/> 20 or more weeks per fiscal year <input type="checkbox"/> Fewer than 20 weeks per fiscal year	Effective Date (MM/DD/YYYY)
SECTION 4 – Acknowledgements (To be completed by the Employer.)		
By signing this form, you (the Employer) acknowledge that you reviewed this form and agree with the information on it.		
Retiree Position Title	Employer Name	6 Digit ASRS Employer Number
Employer Payroll or HR Manager Name (print)	Employer Payroll or HR Manager Signature	
Employer Phone Number ()	Employer Email	Date

