Earnings Limit Certification (A)

DS0727A (Rev. 10/16)

|||||||| DS0727A

Date:

You can earn money while receiving a disability benefit; however, those earnings are subject to an earnings limitation (pursuant to Education Code §24015 and §24016). To maintain your continued eligibility for this benefit, you must report all gross wages to the California State Teachers' Retirement System (CalSTRS) once a year, via this form.

Complete and return this form with photocopies of supporting documentation (e.g., tax forms, W-2's or pay stubs) for the corresponding months or years, to the address above within 30 days from the date of this letter. This will prevent any interruption in your benefits.

Section 1: Member Information

NAME (LAST, FIRST, INITIAL)   CLIENT ID OR SOCIAL SECURITY NUMBER

Section 2: Wage Reporting

☐ **Check this box if you have no wages to report. Continue to Section 3, sign and return the form to the address above.**

Write your monthly total(s) in the corresponding months below. Wages from multiple sources should be combined in the month the wages are earned. If you have no wages to report for a specific month write Ø.

Month	Year	Gross Wages	Month	Year	Gross Wages
July		$	January		$
August		$	February		$
September		$	March		$
October		$	April		$
November		$	May		$
December		$	June		$

Time Base: ☐ Full Time   ☐ Part Time, Hours per week: _____

Employer(s) Name: _____

Employer(s) Address: _____

Job Title/Duties or Self Employment: _____

Section 3: Required Signatures

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).
I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in penalties, including restitution, up to one year in jail and/or a fine of up to $5,000 (Education Code section 22010).

MEMBER'S SIGNATURE   SIGNATURE DATE (MM/DD/YYYY)