

## UAB Statement of Understanding Regarding Additional Income for Returning Retiree

*Please read and initial each statement below, and sign in the designated space.*

\_\_\_\_\_ I understand that as a Retiree from the Alabama State Teachers Retirement Systems and because my retirement occurred during 2015, my maximum earnings allowable will be based on a prorated percentage of the annual maximum of \$24,000.00.

\_\_\_\_\_ I understand the prorated amount allowable will be determined based on the number of months remaining in the 2015 calendar year upon my rehire. It is my responsibility to monitor the amount of my earnings for 2015 and annual amount for each calendar year after that, to stay below the maximum allowable earnings determined by Teachers Retirement Systems to avoid potential loss of my retirement benefits.

Retirement in 2015		
Month Rehired	Number of Months remaining in 2015	Maximum allowed for remainder of 2015
Feb-15	11	\$22,000.00
Mar-15	10	\$20,000.00
Apr-15	9	\$18,000.00
May-15	8	\$16,000.00
Jun-15	7	\$14,000.00
Jul-15	6	\$12,000.00
Aug-15	5	\$10,000.00
Sep-15	4	\$8,000.00
Oct-15	3	\$6,000.00
Nov-15	2	\$4,000.00
Dec-15	1	\$2,000.00

\_\_\_\_\_ I understand that to maintain my Retiree status, I may only accept employment in a part-time irregular non-benefited position.

By my signature below, I declare that I fully understand and agree with the statements written here.

\_\_\_\_\_  
*Returning Retiree signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness signature*

\_\_\_\_\_  
*Date*