TEACHER RETIREMENT SYSTEM OF TEXAS

PO Box 149676
Austin, Texas 78714-0185
(800) 223-8778
www.trs.texas.gov

Report of Disability Retiree Certifying that Compensation has Ceased or Decreased

TRS637 (02/19)

Name _____ TRS Participant ID or Social Security Number _____

Address _____

As required by Section 824.310 of the Texas Government Code, a disability retiree must file an annual report of compensation earned for work performed during disability retirement, if the retiree's compensation exceeds the greater of the retiree's highest school year compensation earned while a member of the Teacher Retirement System of Texas (TRS) or $40,000. Compensation that is required to be reported to TRS includes, but is not limited to, the following:

1) "wages" as defined under Section 3121 of the Internal Revenue Code of 1986 that are subject to Federal Insurance Contributions Act (FICA) Social Security or Medicare employment taxes;
2) salary and wages, even if not subject to FICA taxes because of a technical exclusion of a type of employer or type of employment;
3) self-employment earnings, including net income from a trade or business;
4) compensation for work performed as an independent contractor;
5) net income earned as a sole proprietor or partner in a business; and
6) net income earned as an S-corporation shareholder.

I previously filed an *Annual Report of Compensation of a Disability Retiree* form (TRS636) for compensation I earned during calendar year _____ I certify that, as of _____,
(preceding year) *(mm/dd/yyyy compensation ceased or decreased)*

I have ceased to earn any compensation subject to the reporting requirements of a disability retiree or my rate of compensation has decreased to an amount that will not cause me to exceed the limit for the current calendar year.

Signature _____ Date _____

Upon receipt and approval of this form, TRS will resume payment of your monthly disability retirement annuity. Annuity payments shall be resumed no earlier than the payment for the calendar month following the month in which the compensation ceased or decreased; therefore, it is imperative that you indicate the date the compensation ceased or decreased in the above certification. If you are enrolled in the TRS-Care retiree health care benefits program, you will receive separate notification regarding resumption of your premium payment as a deduction from your monthly annuity.

TRS has the authority to audit the compensation report you submit and request supporting documentation. TRS also has the authority to obtain information from other sources, such as the Texas Workforce Commission, regarding any compensation you may have earned.

Filing of this form does not exempt you from the annual compensation reporting requirements applicable to disability retirees under Section 824.310 of the Texas Government Code.

Mail this form to TRS at PO Box 149676, Austin, Texas 78714-0185.