



Contact us at:  
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Visit our website at:  
OgleLeeRTAonline.weebly.com

**July, 2020**

### **Message from Kim McKenna - President, Ogle-Lee RTA**

After reviewing the COVID-19 situation, the Governor's plan to reopen IL, and the guidelines released by the Illinois Department of Public Health, the Ogle-Lee Executive Board has canceled all in person meetings for the remainder of 2020. We will continue to send you emails, newsletters, and add posts on our website with any important information concerning our pensions/health insurance.

Membership Luncheon Meeting **canceled**: ~~Wednesday, September 9, 2020~~

Executive Board Meetings **canceled** and business will be conducted as needed via e-mail:  
~~Tuesday, August 11, 2020 and Tuesday October 13, 2020~~

If you or anyone you know may need any financial assistance during this time, please see below the post from the IRTA website and application.

#### **Financial Assistance**

The IRTA Foundation provides financial assistance to retired educators who are living in times of acute financial stress. If you or anyone you know is having difficulties meeting financial obligations, please consider applying. A copy of the application form is on the back of this letter. Call IRTA at 1-800-728-4782 or mail a request to Illinois Retired Teachers Association, 828 S. 2nd Street, Springfield, IL 62704 for another copy of the financial assistance form or for help with completing the application.

### **Message from Jo Anne Nelson, IRTA Area 1 Representative**

The IRTA Foundation is currently accepting applications for teacher grants for up to \$750.00. These grants are usually due by June 1st but due to the pandemic the deadline was changed to October 1st. Applications can be found on the state website at [irtaonline.org/index.php/foundation/Grants](http://irtaonline.org/index.php/foundation/Grants) or call IRTA at 1.800.728.4782. So get the word out to your teacher friends in Illinois for there is \$36,000 altogether to help Illinois classroom teachers fund projects that can be used from year to year.

I would also like to remind members that **recent legislation has fully funded TRAIL and TRIP, our health insurance programs, for the next fiscal year.** Legislation was also passed to keep in place the amount of time retired teachers are able to teach without affecting their pensions through the next school year.

Special hats goes off to those retired teachers who volunteered to to help tutor students during this past shut down of schools during the pandemic. The IRTA state office reported having over 300 volunteers of which many were paired up with students to help online. It was so well received that if school shut downs are required next fall, IRTA is considering sponsoring the program again.

**ILLINOIS RETIRED TEACHERS ASSOCIATION FOUNDATION, INC.  
APPLICATION FOR ASSISTANCE**

**Applicant Information:** Soc. Sec. No. \_\_\_\_\_

Name \_\_\_\_\_

                                Last    First    Middle Initial

Address \_\_\_\_\_

                                Street    City    State    Zip

Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Retirement \_\_\_\_\_ Age at Retirement \_\_\_\_\_

Years Service In IL \_\_\_\_\_ Other Creditable Service \_\_\_\_\_

Living Arrangement (Live alone, with family, rent, or own) \_\_\_\_\_

INSURANCE: DO YOU HAVE MEDICARE? \_\_\_\_ SUPPLEMENTAL INS. \_\_\_\_ (If so, please state type. Example: TRS or AARP) \_\_\_\_\_

**PLEASE ATTACH A COPY OF:**

**Retirement Earnings Statement from State Comptroller and most recent 1040 Federal Tax Return**

**INCOME (List All Sources):  
Personal):  
(Monthly)**

**MONTHLY EXPENSES:  
(List on back if needed)**

**Assets (List Real and  
(including home and autos)**

_____	_____	_____ Value _____
_____	_____	_____ Value _____
_____	_____	_____ Value _____
_____	_____	_____ Value _____
_____	_____	_____ Value _____
_____	_____	_____ Value _____

**TOTAL INC.** \_\_\_\_\_

**TOTAL EXP.** \_\_\_\_\_

**TOTAL ASSETS** \_\_\_\_\_

**Attach Statement of Need (give full explanation and attach proofs of need)**

**HOW MUCH DO YOU NEED MONTHLY?** \_\_\_\_\_

**CERTIFICATION**

I Certify that to the best of my knowledge and belief, the information provided is true, correct, and complete. I understand the information will be disclosed only as needed for administration purposes and that I may be asked to verify information provided.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**THIS PORTION FOR OFFICE USE ONLY:**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_