



## **INFORMATION ABOUT REEMPLOYMENT TRADE ADJUSTMENT ASSISTANCE**

The Reemployment Trade Adjustment Assistance (RTAA) program is designed to supplement the reduced income of workers who are at least 50 years of age and have been affected by foreign trade. Trade Adjustment Assistance (TAA) eligible workers who are reemployed full-time or part-time may be eligible for the RTAA program. The RTAA program supplements up to 50 percent of the difference in wages between your old job and your new job.

You must complete the form on the reverse of this page for each month you wish to apply for the RTAA program. Along with the completed form, the following information must be submitted to determine your eligibility:

- A copy of driver's license or state issued ID card (initial request only).
- Check stub or employer statement showing weekly earnings and the number of hours you worked during your last full week with your trade affected former job (initial request only).
- Check stubs or employer statement from your new job(s) showing the wages per hour and hours worked during the month you are applying for the program.

The eligibility requirements for the RTAA program include:

- You must have obtained reemployment and be 50 years of age or older. RTAA allows for either full-time or part-time reemployment.
  - In Missouri for RTAA purposes, a full-time reemployment employee is defined as one who has a work week of at least forty hours, or who works the number of hours generally accepted by industry custom or practices. Individuals who participate in full-time RTAA have the **option** of attending TAA approved training.
  - Part-time reemployment must be at least twenty hours per week. Individuals who participate in part-time RTAA are **required** to attend full-time TAA approved training.
- You cannot earn more than \$50,000 annually in gross wages from reemployment.

TAA certified workers who apply for RTAA will no longer be eligible for future Trade Readjustment Allowance (TRA) payments. TRA payments are additional benefits under the TAA program for workers who are attending training after their regular unemployment benefits are exhausted.

**Note:** Contact your Missouri Job Center for information about receiving the RTAA supplement while attending TAA approved training.

(OVER)

**IMPORTANT:** If needed, call 573-751-9040 for assistance in the translation and understanding of the information in this document.

**¡IMPORTANTE!** Si es necesario, llame al 573-751-9040 para asistencia en la traducción y entendimiento de la información en este documento.

Missouri Division of Employment Security is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF EMPLOYMENT SECURITY

**REQUEST FOR REEMPLOYMENT TRADE ADJUSTMENT ASSISTANCE CLAIM**

Name ( <i>Last, First</i> )	Social Security Number	Birth Date
Address ( <i>Street, City, State, ZIP</i> )		Daytime Phone Number
Week Applied for:	<input type="checkbox"/> Initial Request <input type="checkbox"/> Weekly Request	
If Initial Request, would you like information about withholding taxes from your benefit sent to you? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Trade Adjustment Assistance Certified Employer Information**

Petition Number TA -	Certified Employer Name	Last Day Worked for Certified Employer
Hours Worked in Last Full Week	Hourly Wage at Separation	

**Current Employer Information**

Employer Name		
Employer Address ( <i>Street, City, State, ZIP</i> )		
Employer Phone	Contact Person for Employer	
Start Date with Employer	Hours in Normal Workweek	Hours Worked in First Full Week
Employer's Scheduled Workweek ( <i>ie: Monday-Friday</i> )	Employer's Pay Period ( <i>Weekly, 2 weeks, etc.</i> )	

**Fax or mail this form to the address below along with a copy of your identification and check stub from your TAA certified former employer (if this is an initial request), and check stubs or other wage information for the month that you are requesting the RTAA supplement.**

**Make a copy of this form for each week you are requesting payment.**

Worker Signature	Date
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**Fax: 573-751-5040**

**Mail: Missouri Division of Employment Security  
ATTN: Special Programs  
P.O. Box 59  
Jefferson City, MO 65104**