

Application for Additional Retirement Credit

Tennessee Consolidated Retirement System

502 Deaderick Street
Nashville, Tennessee 37243-0201
1-800-770-8277 ♦ <http://tcrs.tn.gov>



For faster processing, you may complete this application through TCRS Member Self-Service at mytcrs.com. Section 1 is to be completed by the applicant. Section 2 is to be completed by the employer.

SECTION 1. MEMBER INFORMATION

Member ID

Date of Birth

Full Name

Mailing Address

City

State

Zip Code

Email

Home Phone

Present Employer

Work Phone

Employer During Time of Service Being Claimed

Position Held During Time of Service Being Claimed

Dates of Service Being Claimed

through

Are you presently a member of the Tennessee Consolidated Retirement System? Yes No

Have you ever been refunded your account balance from TCRS? Yes No

Is the service being claimed established with any other pension or retirement plan? Yes No

If yes, please provide the name of that retirement system.

Member's Signature

Date

SECTION 2. CERTIFICATION OF SERVICE *(to be completed by employer)*

The amount of service credited to a TCRS member's account will have an effect on retirement benefits. It is important that the service certified below is complete and correct.

Position in Which Service was Rendered

Why Was the Service Not Reported Initially?

- Employee Elected Not to Join TCRS (see Employer Manual Exhibit III)
- Employer Reporting Error or Oversight
- Employee Was Not Eligible When the Service Was Rendered
- | | | |
|--|---|---|
| <input type="checkbox"/> Part-Time Service | <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> Employee of Another Entity |
| <input type="checkbox"/> Probationary/Waiting Period | <input type="checkbox"/> Adjunct Faculty Member | <input type="checkbox"/> Substitute Teacher/# Days Taught |
| <input type="checkbox"/> Graduate Assistant | <input type="checkbox"/> Student Worker | <input type="checkbox"/> Other _____ |
- Other _____

SECTION 2. CERTIFICATION OF SERVICE (continued) (to be completed by employer)

The employer is to complete the service and salary information for the above-named employee. This information should only be taken from official payroll records. Please return this completed form to the retirement system.

Enter the service and salary information of the applicant by fiscal year only (July 1 through June 30). Do not list more than one year of service on a single line. Complete columns A-E with the following information:

DO NOT COMPLETE IF THIS SERVICE HAS BEEN REFUNDED							FOR TCRS USE ONLY
	(A) Actual Beginning and Ending Dates of Employment Within Each Fiscal Year	(B) Gross Salary Earned For the Actual Period of Employment During the Fiscal Year	(C) Time Period Compensated During the Fiscal Year		(D) Number of Months Required to Work the Entire Fiscal Year	(E) If Part-Time, Enter the Percentage of Time Worked. If Full-Time, Enter 100%.	
			Months	Days			
<i>Example</i>	<i>07/01/60 - 06/30/61</i>	<i>\$6,000.00</i>	<i>12</i>	<i>0</i>	<i>12</i>	<i>100%</i>	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

The information provided is correct to the best of my knowledge. I understand that the documents used in certifying this information are subject to audit by the State Comptroller's office. This information was taken from the official records of:

Name of Department or Institution

Phone Number

Mailing Address

City

State

Zip Code

Department Head's Signature

Date