Application for Retirement Credit for Service Rendered Out-of-State

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 out-of-state employer. Section 3 is to be completed by the out-of-state retirement system.

SECTION 1. APPLICANT INFORMATION			
Member ID	D	ate of Birth	
Full Name			
Mailing Address			
City	State	Zip Code	
Email	Н	ome Phone	
Position Held During Time of Service Being Claim	ed in Other State		
Dates of Service Being Claimed	through		
Are you presently a member of the Tennessee Co	onsolidated Retirement Syste	em? 🔲 Yes 🔲 I	No
Is the service being claimed established with any	other pension or retirement p	plan? 🛚 Yes 🔲	No
If yes, please provide the name of that retirement	system.		
Applicant's Signature		Date	

Before proceeding, please review the publication, "Should I Consider Purchasing Out-of-State Service", on the TCRS website to confirm out-of-state service will benefit your retirement. If you have any questions about how out-of-state service is credited toward TCRS retirement, please contact our office.

SECTION 2. CERTIFICATION OF SERVICE (to be completed by the out-of-state 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.

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-G with the following information:

SALARY AND SERVICE INFORMATION										
	(A) Name of Employer and	(B) Period Served		Month	(C) Months and Days Served	(D)	(E)	(F) Status		(G) If Part- Time, %
	School System or Department	From mm/dd/yy	To mm/dd/yy	Actual Months	Actual Days	Months in Year	Salary	Part Time	Full time	of Time Worked
Ex.	Bonn County Schools	07/01/62	06/30/63	12	0	12	\$5,000	X		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

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		
Printed Name and Title		Date

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previous service as a full-time state em	to establish credit in the Tennessee Consolidated Retirement System for aployee or teacher for a state outside the state of Tennessee. In order to that the member may not be receiving or be eligible to receive credit in aimed.	
Please check your records for the statements:	atus of the service listed in Sections 1 and 2 and certify the following	
Was the individual named in Section 1	a member of your retirement system? Yes No	
Is the individual named in Section 1 recretirement system based on the service	ceiving or entitled to receive, at any time in the future, a benefit from your e certified in Section 2?	
Comments:		
Name of Retirement System	Phone Number	
Mailing Address		
City	State Zip Code	
Retirement System Official's Signature		
Printed Name and Title	Date	
Please return this completed form to:	Tennessee Consolidated Retirement System 502 Deaderick Street Nashville, Tennessee 37243-0201	