

**Return to Work with 70%
of Retirement Benefit for
Law Enforcement Officers
and EMS**

Tennessee Consolidated Retirement System

502 Deaderick Street
Nashville, Tennessee 37243-0201
1-800-922-7772 ♦ RetireReadyTN.gov



The retiree and the employer must complete and sign this form and return it to the Tennessee Consolidated Retirement System (TCRS) at the above address before the employment begins. Please read the following carefully, complete Sections 1 and 2. Upon termination of employment with the employer, the retiree must request the employing agency to complete Section 3 and return a copy to TCRS in order to remove the benefit reduction.

SECTION 1. MEMBER INFORMATION

Member ID		Date of Birth	
Full Name			
Mailing Address			
City	State	Zip Code	
Email		Phone Number	
Employing Agency		Date of Retirement	

Tennessee law allows retired law enforcement officers and emergency medical services employees to return to work with a TCRS covered employer, without loss or suspension of benefits, if certain conditions are met. To return to limited reemployment under Tennessee Code Annotated § 8-36-809 or T.C.A. § 8-36-811, the following conditions must be met:

- The retiree must be retired for at least 60 days.
- The retiree returning to work as a law enforcement officer must have completed the annual training required by title 38, chapter 8, part 1, as required by the Tennessee Peace Officer Standards and Training (P.O.S.T) Commission.
- The retiree returning to work as an emergency medical services employee must possess as of the date of reemployment a current, valid license issued by the emergency medical services board through the Department of Health.
- The retiree must have the requisite experience and training for the position and there are no other qualified persons available to fill the position.
- The retiree's retirement benefit is reduced to 70% of the retirement allowance the member would have otherwise been entitled to receive during reemployment.
- The retiree's appointment cannot exceed one (1) year; provided, however, that the retiree may be reappointed to additional one-year periods if the retiree continues to meet all of the requirements in Section 1 of this form. Note: The law allowing this limited reemployment ceases to be effective on June 30, 2025; provided, however any retiree who begins a one (1) year appointment prior to June 30, 2025 may continue until that one (1) year period ends.

SECTION 1. MEMBER INFORMATION - continued

- Within a one-year period, a retiree who is reemployed in a TCRS-covered position pursuant to Title 8, Chapter 36, Part 8 shall not:
(1) Switch from one (1) reemployment provision under this part to another; or
(2) Simultaneously be reemployed under more than one (1) reemployment provision under this part.

I hereby certify that I have read this form and understand my rights and limitations upon accepting limited reemployment. Specifically, I am aware that should I accept such limited reemployment, I will not be eligible to accrue additional retirement credit resulting from such service. Further, I am aware that should I exceed the applicable compensation limit, my retirement benefits will be suspended and adjusted to recover any overpayment which may occur.

Applicant Signature

Date

SECTION 2. CONDITIONS OF REEMPLOYMENT AND CERTIFICATION
(To be completed by the agency head or HR designee.)

Certification: I hereby certify that I have read all the conditions in Section 1 of this form above and further certify that the below named employee-applicant meets all of the conditions. I understand that it is the employer's responsibility to report the retiree's earnings as non-participant monthly. I further understand that as the employee's employer, it is our responsibility to pay TCRS the greater of:

1. A payment equal to the amount we would have contributed to TCRS had the employee been a member of TCRS during the period of employment; or
2. An amount equal to 5% of the employee's pay earned during the period of reemployment.

Member's Name

Effective Date through

Agency Head / Designee's Signature

SECTION 3. NOTICE OF SEPARATION FROM SERVICE
(To be completed by the agency head or HR designee.)

I hereby certify that _____ (retiree) has terminated employment with _____ (employing agency) effective _____ (date).

Agency Head / HR Designee's Signature

Date