

Return to Work with 70% of Retirement Benefits for K-12 Teachers, Bus Drivers, and Substitute Teachers

Tennessee Consolidated Retirement System

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

Member ID

Date of Retirement

Last TCRS Employer Prior to Retirement

New Employing Agency/Employer

Member Full Name

Phone Number

Mailing Address

City

State

Zip Code

Return to Service at 70% of Retirement Benefit Reemployment Requirements under Tennessee Code Annotated § 8-36-822

Tennessee law allows a retired TCRS member to be reemployed in a position covered by TCRS as a K-12 grade teacher, a K-12 grade substitute teacher, or a K-12 grade school bus driver. To return to work under this law, the following conditions must be met:

- The retiree must not be reemployed until the expiration of at least sixty (60) calendar days from the retiree's effective date of retirement;
- During the reemployment, the retiree's retirement benefit shall be reduced to 70% of what the retiree would otherwise have been entitled to receive for the period of reemployment;
- The retiree shall not accrue additional retirement benefits as a result of the retiree's reemployment;
- The retiree must not be drawing a TCRS Disability Benefit; and
- 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, have met the conditions specified above, and understand my rights and limitations upon accepting limited reemployment.

Applicant Signature

SECTION 2. CONDITIONS OF EMPLOYMENT 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 those conditions. I understand that it is the employer's responsibility to report to TCRS monthly the employee's earnings as "non-participant". 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.

Employee-Applicant's Name: _____

Applicant's Position (e.g., K-12 grade teacher, bus driver, etc.): _____

Effective Date of Reemployment: _____

Agency Head / HR Designee's Signature

Date

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