

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 **OR** Last 4 SSN XXX-XX- 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

Part-Time Service

Independent Contractor

Employee of Another Entity

Probationary/Waiting Period

Adjunct Faculty Member

Substitute Teacher/# Days Taught

Graduate Assistant

Student Worker

Other _____

Other _____