Reset Form

# RETURN TO SERVICE WITH REDUCTION OF RETIREMENT BENEFIT

**Tennessee Consolidated Retirement System**
**502 Deaderick Street**
**Nashville, Tennessee 37243-0201**

**INSTRUCTIONS:** The retiree should complete Part I of this form and the new employing agency should complete Part II. Once fully completed, the original form should be submitted to the Tennessee Consolidated Retirement System (TCRS). Upon termination of employment with the employer, the member should request the employing agency to complete Part III and return a copy to the TCRS in order to remove the benefit reduction.

## *PART I: EMPLOYEE WAIVER OF RETIREMENT CREDIT & AGREEMENT OF REDUCTION OF BENEFIT*

| Date of Retirement | Last TCRS Employer Prior to Retirement | | |
|---|---|---|---|
| Social Security Number | New Employing Agency | | |
| Last Name | First Name | Middle Name | Contact Number |
| Street Address | City and State | Zip Code | |

I hereby waive retirement credit for periods of service rendered pursuant to Public Chapter 438, Acts of 2009 during which benefits are received. I also authorize TCRS to ***reduce my gross monthly benefit by 30%*** during the period of employment.

_____ _____
*Signature of Employee* *Date*

## *PART II: CONDITIONS OF REEMPLOYMENT AND CERTIFICATION*

| Yes | No | |
|---|---|---|
| ❍ | ❍ | Has the retiree been retired for at least one year? |
| ❍ | ❍ | Is the retiree returning to work with a different employer than the last TCRS covered employer prior to retirement?* |

* *All departments, agencies and instrumentalities of state government, including higher education institutions, would be deemed the same employer. All departments, agencies and instrumentalities of an employer participating in TCRS would be deemed the same employer. With the exception of special school districts, a city school system would be considered an instrumentality of the city where the system is located and a county school system would be considered an instrumentality of the county where the system is located.*

_____ *(retiree)* has accepted an offer to return to service with _____ *(employing agency)* effective _____ *(date)*.

This employee did not retire from a department, agency or instrumentality of this employer and will not accrue salary or service toward retirement at this time or at any point in the future for this period of employment.

_____ _____
*Signature of Agency Head or Designee* *Date*

## *PART III: NOTICE OF SEPARATION FROM SERVICE*

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

_____ _____
*Signature of Agency Head or Designee* *Date*