Non-Election Waiver of Right to Participate

Tennessee Consolidated Retirement System
502 Deaderick Street
Nashville, Tennessee 37243-0201
1-800-770-8277 ◆ http://tcrs.tn.gov

Please complete this form if you are returning to service and elect to waive membership to TCRS upon your reemployment.

SECTION 1. MEMBER INFORMATION

Member ID | Last 4 SSN XXX-XX- | Date of Birth

Full Name

Mailing Address

City | State | Zip Code

Email | Phone Number

Employer | Date of Employment

I am receiving retirement benefits from the Tennessee Consolidated Retirement System ("TCRS") or a superseded state retirement system as defined in Tennessee Code Annotated, Section 8-34-101. While receiving retirement benefits, I have accepted employment in a position covered by TCRS. I understand that my benefit must be suspended upon reemployment with an employer covered by TCRS.

Pursuant to T.C.A., Section 8-36-802, I must elect whether to make contributions to TCRS or whether to irrevocably waive my right to make further contributions and claim retirement service credit for such period of reemployment.

☐ I have read the foregoing and have elected to waive my right to make contributions to TCRS while eligible for retirement benefits and to waive my right to claim any retirement service credit for such period of reemployment. I understand that this election may not be changed.

Member's Signature | Date