

Application for Retirement Credit for a Period of Temporary Disability under Workers' Compensation

Tennessee Consolidated Retirement System

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



Any TCRS member who receives a temporary disability benefit from the division of Claims Administration or under a workers' compensation program shall be entitled to establish retirement credit for this period of absence from service. To establish this credit the member is required to make a lump sum payment of the contributions that would normally have been made during the period of absence, plus interest. *Employees of a participating local government may establish credit for periods of temporary disability only if the local government has passed a resolution authorizing such service.*

No member shall be granted retirement credit in excess of one (1) year per occurrence of temporary disability.

SECTION 1. APPLICANT INFORMATION

Member ID **OR** Last 4 SSN XXX-XX- Date of Birth

Full Name Gender Male Female

Mailing Address

City State Zip Code

Email Phone Number

Employer During Temporary Disability

Period of Temporary Disability to

I hereby claim retirement credit for a period of time which I was receiving benefits from a workers' compensation plan during a period of temporary disability.

Applicant's Signature

Date

SECTION 2. EMPLOYER INFORMATION (to be completed by employer during the period of temporary disability)

Name of Agency or Department

Period of Temporary Disability to

Annual Salary Immediately Prior to Leave

I certify that the above-named employee was receiving benefits from a workers' compensation program for the period of temporary disability noted above.

Department Head's Signature

Printed Name and Title

Date