

**Retirement Application
for Disability Benefits**

TENNESSEE CONSOLIDATED RETIREMENT SYSTEM
502 Deaderick Street
Nashville, Tennessee 37243-0201
1-800-770-8277 (615) 253-8693 <http://tcrs.tn.gov>



Refer to pages 5 and 6 for detailed instructions.

Please select the type of disability retirement for which you are applying:

Ordinary Disability Retirement-A member must have five years of creditable service and suffer a disabling condition during a period of active employment prior to service retirement eligibility.

Accidental Disability Retirement (*on-the-job accident only*)-No minimum service required. The member must apply within one year of paid service or within two years of the injury. Disability must be the result of a job-related accident or injury from a TCRS-covered employer that occurs without negligence on the part of the member while performing his/her duty.

Regardless of the type of disability selected above, you must include the following items with your application:

- Statement of Disability
- Vocational History
- Medical Records Release Authorization
- Attending Physician's Report
- Report of Accidental Disability (if applicable)

Forms may be attained from the TCRS office or by visiting <http://tcrs.tn.gov>.

Medical and/or psychological documentation of total and permanent disability must accompany your application. This documentation includes office notes and summaries, hospital admission and discharge summaries, and test results. It is your responsibility to obtain this vital information.

Section 1. Member Information

Member SSN	<input type="text"/>	Date of Birth	<input type="text"/>
Full Name	<input type="text"/>		
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Email	<input type="text"/>	Home Phone	<input type="text"/>
Last TCRS-covered Employer (Department or Institution Name)	<input type="text"/>		
Full Title of Position (no abbreviations)	<input type="text"/>		

Section 2. Payment Plan Election

You may choose only one payment plan. Selecting more than one payment plan will result in the application process being delayed.

SINGLE LIFE ANNUITY PLAN - Any remaining balance of your accumulated contributions and interest will be paid to the surviving designated beneficiary in a lump sum in the event of your death.

REGULAR/MAXIMUM PLAN - Monthly benefit payable to you for your lifetime with all benefits ceasing at death.

SURVIVOR OPTIONS- Your monthly benefit will be reduced from the regular/maximum plan. In the event of your death, your designated beneficiary will receive:

OPTION I - Monthly benefits equal to yours for your beneficiary's lifetime. Should your beneficiary die before you, your reduced monthly allowance will remain the same.

OPTION II - Monthly benefits equal to 50% of yours for your beneficiary's lifetime. Should your beneficiary die before you, your reduced allowance will remain the same.

OPTION III - Monthly benefits equal to yours for your beneficiary's lifetime. Should your beneficiary die before you, your allowance will revert to the amount you would have received under the Regular/Maximum plan.

OPTION IV - Monthly benefits equal to 50% of yours for your beneficiary's lifetime. Should your beneficiary die before you, your allowance will revert to the amount you would have received under the Regular/Maximum plan.

Section 3. Beneficiary Information

As beneficiary under the benefit plan selected above, I designate the following beneficiary (**one beneficiary or estate required regardless of plan selected**). If no beneficiary is selected, TCRS will assume a beneficiary election of Estate if you choose a single life annuity plan.

Full Name

Mailing Address

City

State

Zip Code

Beneficiary's Date of Birth

Beneficiary's SSN

Relationship to TCRS Member

Gender

Male

Female

Section 4. Withholding Selection (select one)

- A. I elect NOT to have income tax withheld from my pension.
Do not complete lines B or C if you choose this selection.

B. I want the following TOTAL amount withheld from each payment

OR

I want the following PERCENTAGE withheld from each payment

Do not complete lines A or C if you choose this selection.

I want my withholding from each payment to be figured using the following filing status and exemptions:

Filing Status

Single

Married

Married, but withholding at a higher single rate

C. Total Exemptions Claimed

In addition to the calculated deduction based on filing status and exemptions, I want the following additional amount withheld from each pension payment

Member SSN

Section 5. Member Signature

Under the penalties of perjury, I attest that as of the date of this application for retirement benefits, I am either a United States citizen or a qualified alien as described by 8 U.S.C. § 1641 (b). I acknowledge and understand that should I knowingly and willfully make a false, fictitious, or fraudulent statement or representation relative to my citizenship or immigration status, or conspire to defraud the state by securing a false claim allowed or paid to another person, I shall be liable under either The Tennessee Medicaid False Claims Act pursuant to Tenn. Code Ann. §71-5-181 – §71-5-185 or The False Claims Act pursuant to Tenn. Code Ann. §4-18-101 - §4-18-108 and may have a criminal action brought against me alleging a violation of 18 U.S.C. §911, which provides that whoever falsely and willfully represents himself to be a citizen of the United States shall be fined under this title or imprisoned not more than three (3) years, or both.

I also acknowledge that I have attached documentation proving said citizenship. Please see Section 5 instructions on pages 5 and 6 for a complete list of acceptable documentation.

Note, photocopies of the documents are acceptable, and any document submitted will not be returned to you.

Member Signature

Date

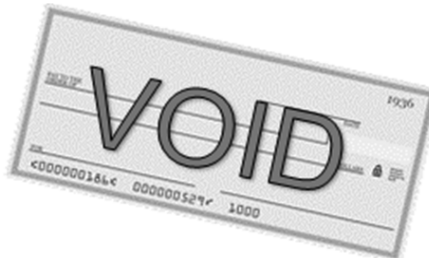
Member SSN

Section 6. Direct Deposit Information

Type of account Checking Savings Financial Institution

Routing Number Account Number

If you want your benefit directly deposited into a checking account, tape a voided, preprinted check in this box. You may cover the text with the voided check.



PLEASE NOTE: TCRS will no longer issue monthly retirement benefits by check after March 2013. If TCRS has not received your authorization to direct deposit your benefit payment by March 2013, a debit card will be issued and mailed to your home address and all future TCRS benefit payments will be made by adding your monthly benefit to the debit card balance.

Section 7. Employer Certification

This section must be completed by official department payroll personnel. If member has been out of service for more than 60 days, complete only sections F and G below.

	Member SSN	<input style="width: 100%;" type="text"/>			
A.	Member's last paid date of service, annual leave, sick leave, or sick leave bank:	<input style="width: 100%;" type="text"/>			
B.	Please list all individual payroll periods that the employee will be paid on for his/her last two months of service. If any salaries are estimated, indicate by marking "(Est)", and provide the actual payroll information as quickly as possible. Any longevity payments or career ladder payments should be itemized along with any payments made for sick leave, annual leave, vacation time, bonus pay, etc.				
	Breakdown of Final Salary				
	Month	Payroll Period	Type of Payment	Amount	Employee Contributions
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
C.	Please indicate the total salary for the current year and the portion of the year the salary represents.				
	Current year salary: <input style="width: 150px;" type="text"/>		Number of months included: <input style="width: 100px;" type="text"/>		
D.	The service represented is: <input type="radio"/> Full time <input type="radio"/> Part time (percentage worked: <input style="width: 50px;" type="text"/>)				
E.	The member is paid on:				
F.	<input type="radio"/> Calendar year (January 1-December 31)				
	<input type="radio"/> Other: <input style="width: 100px;" type="text"/>				
F.	For those members who work less than 12 months per year, indicate the total number of days worked this year: <input style="width: 150px;" type="text"/>				
	A full year consists of: <input type="radio"/> 180 days <input type="radio"/> 200 days <input type="radio"/> 220 days <input type="radio"/> Other: <input style="width: 100px;" type="text"/>				
G.	Please certify the unused sick leave this member had remaining effective <input style="width: 100px;" type="text"/>				
	<i>For employees who are Fire and Police, only certify days.</i>				
	Days: <input style="width: 150px;" type="text"/>		OR	Hours: <input style="width: 150px;" type="text"/>	
	How many sick days did the employee accrue annually over the last 3 years?			This year:	<input style="width: 100px;" type="text"/>
			Last year:	<input style="width: 100px;" type="text"/>	
			Prior Year:	<input style="width: 100px;" type="text"/>	
Employer Signature: <input style="width: 100%;" type="text"/>					
Employer Name (please print): <input style="width: 100%;" type="text"/>					
Employer Address: <input style="width: 100%;" type="text"/>					
Department: <input style="width: 100%;" type="text"/>					
Email: <input style="width: 150px;" type="text"/>		Phone number: <input style="width: 150px;" type="text"/>			

When to File an Application for Disability Retirement

Your application for disability retirement should be expedited to TCRS at your earliest possible convenience. Applications are accepted up to 150 days prior to the date of retirement. If a member fails to submit an application within 150 days of the last paid date of service, he/she will begin forfeiting benefits. Payments can only be made retroactive up to 150 days from the date the application is received by TCRS.

The appropriate form for continuation of medical insurance should accompany your disability retirement application. For eligibility requirements and questions regarding the continuation of insurance, please contact Benefits Administration at 800-253-9981.

Directions for Completing

Section 1-The last TCRS-covered employer listed on the application must be a participating employer in the Tennessee Consolidated Retirement System. Please do not abbreviate the title of your position.

Section 2-You must select one benefit plan.

Section 3-If you select the Regular/Maximum Plan, you may designate one individual or your estate as beneficiary. If you select Option I – IV, you must designate one individual as beneficiary. **Proof of this beneficiary's birth date should be included.**

Section 4-TCRS benefits are subject to federal taxation. However, it is your choice whether to have federal income tax withheld from your TCRS pension. Before completing Section 4, please consult your tax preparer regarding the correct filing status and number of exemptions for your monthly pension. If you leave this section blank, we will automatically assign a status of married with three exemptions.

Section 5-If you are a United States citizen and are applying for retirement benefits from TCRS through the submission of this application, you must provide one (1) of the following:

- a valid driver's license or photo identification license issued by the Tennessee Department of Safety or a valid driver's license or photo identification license from another state where the issuance requirements are at least as strict as those in Tennessee, as determined by the Department of Safety;
- an official birth certificate issued by the United States or any of its territories; however, Puerto Rican birth certificates issued before July 1, 2010 shall not be recognized;
- a United States government-issued certified birth certificate;
- a valid, unexpired United States passport;
- a United States certificate of birth abroad (DS-1350 or FS-545);
- a report of birth abroad of a United States citizen (FS-240);
- a certificate of citizenship (N560 or N561);
- a certificate of naturalization (N550, N570 or N578);
- a United States Citizen identification card (I-197, I-179);
- any successor document to six items listed above; or
- a social security number that the Department may verify with the Social Security Administration.

If you are a "qualified alien" and are applying for retirement benefits from TCRS through submission of this application, you must provide two (2) forms of documentation of identity and immigration status as determined by the United States Department of Homeland Security to be acceptable for verification through the Systematic Alien Verification for Entitlements ("SAVE") program (for the definition of a "qualified alien", please refer to 8 U.S.C. §1641). Common types of documents used to establish immigration status include, but are not limited to the following:

- I-327 (Reentry Permit);
- I-551 (Permanent Resident Card or "Green Card");
- I-571 (Refugee Travel Document);
- I-766 (Employment Authorization Card);
- Machine Readable Immigrant Visa (with Temporary I-551 language);
- Temporary I-551 stamp (on passport or I-94);

- Unexpired foreign passport;
- WT (visitor for business)/WB (visitor for pleasure) Admission Stamp in unexpired foreign passport;
- I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status – “student visa”); or
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status).
- Common types of documents used to establish identity include, but are not limited to the following:
- Driver’s license;
- Identification card with photograph issued by federal, state or local government agencies or entities;
- School identification card with photograph;
- Voter’s registration card;
- United States military card or draft record;
- Military dependent’s identification card;
- United States Coast Guard Merchant Mariners Document (MMD) Card;
- Native American tribal document; or
- Driver’s license issued by a Canadian government authority.

Please note, photocopies of the above-referenced documents are acceptable. Documents submitted will not be returned to you. Your application must be signed and dated to be valid.

Section 6-Please attach a voided check OR provide your savings account information. As required by state law, TCRS monthly benefits will be deposited directly to the checking or savings account indicated on your retirement application. Payments will be available on the last working day of each month. You will be notified in writing of any changes made to the amount of your net benefit. All correspondence and year-end statements will be mailed to your home address. **TCRS will no longer issue monthly retirement benefits by check after March 2013. If TCRS has not received your authorization to direct deposit your benefit payment by March 2013, a debit card will be issued and mailed to your home address and all future TCRS benefit payments will be made by adding your monthly benefit to the debit card balance.**

Section 7-Submit your signed application to your employer to complete Section 7. Upon completion, the application should be returned to the Tennessee Consolidated Retirement System. If you have been out of service for more than 60 days, Items A-F Section 7 do not need to be completed; however, in order for you to be properly credited with your unused sick leave, Item G must be certified by your employer.

Acknowledgement-All applications will be acknowledged by letter after we receive them. If you do not receive an acknowledgment letter within two weeks, please contact the Disability Division at 800-770-8277 or (615) 253-8693.

If you should return to employment on a part-time or full-time basis, you should contact the TCRS Disability staff for current earnings limitations.