



# APPLICATION FOR DISABILITY RETIREMENT BENEFITS

Tennessee Consolidated Retirement System  
Tennessee Department of Treasury

502 Deaderick Street • Nashville, TN 37243-0201 • 800.922.7772 • RetireReadyTN.gov



Please select one:

- Ordinary Disability Retirement** - 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 is required. Member must apply within one year of paid service or within two years of the injury and the disability must be the result of a job-related accident or injury that occurs without negligence on the part of the member while he is performing his duty.

If a member does not become eligible for benefits under **Ordinary Disability** or **Accidental Disability**, he/she may be eligible for **Inactive Disability**. A determination will be made upon review of submitted medical documentation.

Please refer to pages 7 and 8 for detailed instructions. **Do not** sign this form until it is notarized (*see Section 6*).

## SECTION 1. MEMBER INFORMATION (Completed by the Applicant.)

Member ID	Last 4 SSN XXX-XX-	Date of Birth
Full Name		
Mailing Address		
City	State	Zip Code
Email	Phone Number	
Last Employer ( <i>Department of Institution Name</i> )		
Title of Position	Date Employment Terminated	

**SECTION 2. BENEFICIARY INFORMATION** *(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.)*

As recipient of the benefit plan selected in Section 1, I designate the following beneficiary(s):

**Beneficiary #1**

Full Name

Mailing Address

City

State

Zip Code

Beneficiary's Date of Birth

Beneficiary's SSN

Relationship to TCRS Member

Gender  Male  Female

**Beneficiary #2**

Full Name

Mailing Address

City

State

Zip Code

Beneficiary's Date of Birth

Beneficiary's SSN

Relationship to TCRS Member

Gender  Male  Female

**Beneficiary #3**

Full Name

Mailing Address

City

State

Zip Code

Beneficiary's Date of Birth

Beneficiary's SSN

Relationship to TCRS Member

Gender  Male  Female

**SECTION 3. PAYMENT PLAN ELECTION (You may choose the “Single Life Annuity Plan” OR one “Survivor Option” payment plan. Selecting more than one payment plan will result in the application process being delayed.)**

**SINGLE LIFE ANNUITY PLAN** - In the event of your death, any remaining balance of your accumulated contributions and interest will be paid in a lump sum to the surviving designated beneficiary(s).

- Member Only Option** - A maximum monthly benefit payable for the member’s lifetime with all benefits ceasing at the member’s death.

**OR**

**SURVIVOR OPTIONS** - TCRS offers four types of Joint and Survivor Plans. The age of the member and the age of his or her beneficiary(s) determine the amount received under each option.

- Option I** - This option reduces the member’s maximum retirement benefit based on the dates of birth of the member and his or her beneficiary(s). In the event the member passes away, the member’s beneficiary(s) will receive the same benefit amount as the member for the remainder of the beneficiary’s lifetime. If a member has designated more than one beneficiary, the benefit will be divided equally between the beneficiaries. If any or all beneficiaries pass away before the member, the member’s benefit amount will remain the same.
- Option II** - This option reduces the member’s maximum retirement benefit based on the dates of birth of the member and his or her beneficiary(s). In the event the member passes away, the beneficiary(s) will receive 50% of the member’s benefit for the remainder of the beneficiary’s lifetime. If a member has designated more than one beneficiary, the 50% benefit amount will be divided equally between the beneficiaries. If any or all beneficiaries pass away before the member, the member’s benefit amount will remain the same.
- Option III** - This option reduces the member’s maximum retirement benefit based on the dates of birth of the member and his or her beneficiary(s). In the event the member passes away, the beneficiary(s) will receive the same benefit amount as the member for the remainder of the beneficiary’s lifetime. If a member has designated more than one beneficiary, the benefit will be divided equally between the beneficiaries. In the event the beneficiary passes away before the member, the member’s benefit will increase to the member’s maximum benefit under the single life annuity option. If multiple beneficiaries have been designated, a portion of the member’s benefit that was designated for a beneficiary that dies before the member will revert to the amount the member would have received under the regular plan.
- Option IV** - This option reduces the member’s maximum retirement benefit based on the dates of birth of the member and his or her beneficiary(s). In the event the member passes away, the beneficiary(s) will receive 50% of the member’s benefit for the remainder of the beneficiary’s lifetime. If a member has designated more than one beneficiary, the 50% benefit amount will be divided equally between the beneficiaries. In the event the beneficiary passes away before the member, the member’s benefit will increase to the member’s maximum benefit under the single life annuity option. If multiple beneficiaries have been designated, a portion of the member’s benefit that was designated for a beneficiary that dies before the member will revert to the amount the member would have received under the regular plan.

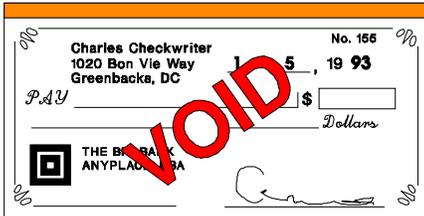
## SECTION 4. DIRECT DEPOSIT INFORMATION

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. If you want your benefit deposited into multiple accounts, please complete the Direct Deposit form located at [treasury.tn.gov/tcrs](http://treasury.tn.gov/tcrs).

**PLEASE NOTE:** TCRS no longer issues monthly retirement benefits by check. If TCRS has not received your authorization to direct deposit your benefit payment, 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 5. 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.*)

C. 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

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. \$ \_\_\_\_\_.

**SECTION 6. SIGNATURE AND NOTARY** *(This form must be signed and notarized, then forwarded to employer for certification.)*

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 qualified alien as defined in T.C.A. §4-58-101, et seq. 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 T.C.A. §71-5-181-§71-5-185 or The False Claims Act pursuant to T.C.A. §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 Title 18 of the United States Code or imprisoned not more than three (3) years, or both.

I also acknowledge that I have attached documentation proving said citizenship. *(Please see Section 1 instructions on pages 7 and 8 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's Signature \_\_\_\_\_ Date \_\_\_\_\_

State of Tennessee / County of \_\_\_\_\_

\_\_\_\_\_, who personally appeared before me on this, the \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_, makes oath that (he)(she) executed the foregoing instrument.

*(Notary Seal)*

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
*My Commission Expires*

**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.)*

A. **MEMBER'S TERMINATION DATE** *(last paid date of service, annual leave or sick leave):* \_\_\_\_\_

B. Please list all individual payroll periods that the employee was paid on for his/her remaining months of service that have not been reported to TCRS at this time. If any salaries are estimated, indicate by marking "(Est)" and provide any changes or revisions in 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. Please attach additional pages if necessary.

Breakdown of Final Salary					
Month	Payroll Period	Type of Payment	Amount	Employee Contributions	Service Credit

C. Please indicate the total salary for the current year and the portion of the year the salary represents. If the current year is a partial year, also include the salary from the previous year.

Current Year Salary: \$ \_\_\_\_\_ Number of Months Included: \_\_\_\_\_

D. The service represented is:  Full-Time  Part-Time (percentage worked) \_\_\_\_\_ %

E. The member is paid on:  Fiscal Year (July 1 - June 30)  Academic Year (Sept. 1 - Aug. 31)  
 Calendar Year (Jan. 1 - Dec. 31)  Other: \_\_\_\_\_

F. If this member worked less than 12 months per year, indicate the total number of days worked this year.

A full year consists of:  180 Days  200 Days  220 Days  Other: \_\_\_\_\_

G. Please certify the unused sick leave this member had remaining. Do not include days for which member received a lump-sum payment. *(For employees who are Fire and Police, only certify days.)*

Days: \_\_\_\_\_ Hours: \_\_\_\_\_ Hours Worked Per Day: \_\_\_\_\_

How many sick days did the employee accrue annually over the last three (3) years?

This Year: \_\_\_\_\_ Last Year: \_\_\_\_\_ Prior Year: \_\_\_\_\_

Employer's Signature

Date

Employer's Address

Department

Email

Phone Number

### **When to File an Application for Disability Retirement**

Your application for retirement should be forwarded to TCRS 60 to 90 days prior to your last paid day of service. The last paid day of service is either your last day of employment or the last day for which you are paid annual and/or sick leave. Your application cannot be filed more than 150 days prior to your last paid day of service. For eligibility requirements and questions regarding the continuation of insurance, please contact Benefits Administration at 800-253-9981. For eligibility requirements and questions regarding the continuation of insurance, please contact Benefits Administration at 800-253-9981.

### **Directions for Completing**

Regardless of the type of disability selected, you must submit 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 obtained from the TCRS office or by visiting [treasury.tn.us/tcrs](http://treasury.tn.us/tcrs).

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** - The date employment terminated is the last working day (including all annual and/or sick days) for which you are paid. The effective date of retirement is the day immediately following the last paid day or the first day of eligibility for benefits (i.e., 60th birthday). Payment will be made retroactive to your date of retirement not to exceed 150 days prior to receipt of the application in our office.

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;
- 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. Section 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”);
- 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;
- Driver’s license issued by a Canadian government authority

Photocopies of the above-referenced documents are acceptable. Documents submitted will not be returned to you.

**Section 2** - If you select the Member Only Option Plan, you may designate an individual or your estate as beneficiary. If you select Option I - IV, you must designate an individual as beneficiary. Proof of the beneficiary’s birth date should be included.

**Section 3** - You must select **only one** benefit plan.

**Section 4** - 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.

**Section 5** - 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 5, 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 6** - Must be signed before a Notary and notarized to be valid.

**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 in 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 Member Services at 800-770-8277.

If you should return to service on a part-time or full-time basis with an agency covered by the retirement system, you should notify TCRS to avoid an overpayment of retirement benefits.