



Williamson County Schools

1320 West Main • Franklin, TN 37064 • www.wcs.edu

RETIREMENT INFORMATION

This form is used to determine previous retirement contributions, TCRS membership, and retiree designation for enrollment in WCS insurance benefits, if applicable.

EMPLOYEE / APPLICANT INFORMATION

_____ Last Name	_____ First Name	_____ Mi
_____ Street Address	_____ City	_____ ST
_____ Previous Name	_____ Last 4 Of SSN	_____ Telephone

PREVIOUS RETIREMENT INFORMATION

Have you ever been a contributing member of TCRS (Tennessee Consolidated Retirement System)?

☐ Yes ☐ No ☐ Unknown

If Yes, did you retire with TCRS? ☐ Yes ☐ No

If you have retired with TCRS, please select a retirement option for employment?

☐ I will work in a part-time status and complete an annual 120-day form.
You can find a copy of the form located [here](#). The form can be returned to the WCS Retirement Manager.

☐ I will select 70% of my retirement and work in a full-time position.

I am currently an eligible retiree under the Williamson County retiree benefit program.

☐ I understand that by selecting 70% of my retirement and returning to a full-time position that I do not lose my current eligibility for retiree coverage but will be returning to a full-time employee status and will be offered insurance as a full-time employee. At the end of this 70% position continuation of coverage will be offered under the Williamson County retiree benefit program.

☐ **I am NOT eligible for continuation of benefits as a retiree under the Williamson County retiree benefit program.** I understand that by selecting 70% of my retirement and returning to a full-time position I will be offered benefits as a full-time employee.

☐ I will stop my retirement and accept a full-time position.

I understand that it is my responsibility to review and accept all conditions associated with my selection above. If I am a retiree with TCRS I understand that it is my responsibility to complete any additional requirements to ensure the continuation or enrollment of retirement or insurance benefits

Employee Signature

Date

Printed Name