

ONLY RETURN THIS FORM IF ELECTING TCRS



Notice of Participation
Tennessee Consolidated Retirement System
New Hire Enrollment July 1, 2014 or Later

Name: _____
Last, First Middle

Social Security No. _____ Birthdate: _____

Address: _____
Street, City, State, Zip

Sex: ___ Male ___ Female Job Title: _____

Employer: ETSU Date of Employment: _____

Have you ever been a member of TCRS? ___ yes ___ no

If yes, where were you employed: _____

Employee Print Name: _____

Employee Signature: _____ Date: _____