

Retirement Appointment Request Form

Name _____

Employee # or SSN _____

Current Age _____

Office Phone (including area code) _____

Email Address _____

Projected Date of Retirement: _____

Estimated years of service: _____

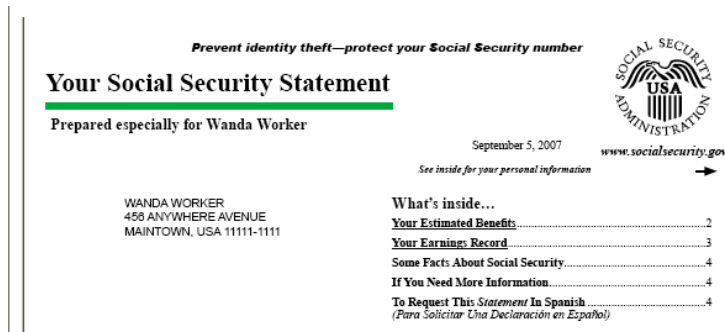
Age of spouse (if continuing insurance): _____

TCRS Members

If you are enrolled in our TCRS plan, please provide the date of birth of your beneficiary.

Dependent DOB: _____

If you are enrolled in TCRS and will be retiring prior to age 62, and are interested in Social Security leveling, please go to: ssa.gov and print **an official copy** of your most recent Social Security statement. You may scan or fax a copy of your statement prior to your appointment or bring it with you.



Please fax forms to 901-448-7497, attention: Debbie Jackson or email forms to djacks24@uthsc.edu

All appointments will be scheduled on a first come first serve basis.
Appointments are typically 30-45 minutes.