



New Employee Information

TCDRS-01

REV. 08/2009

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PURPOSE

Use this form to set up your Texas County & District Retirement System (TCDRS) account when you initially become employed by a county or district (employer) participating in TCDRS.

NEW MEMBER INFORMATION

COUNTY/DISTRICT (EMPLOYER) NAME *				EMPLOYER'S TCDRS NUMBER	
SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *		
MAILING ADDRESS *		APT/STE #	CITY *	STATE *	ZIP CODE *
E-MAIL ADDRESS		EVENING PHONE NUMBER	DAYTIME PHONE NUMBER	FAX NUMBER	
DATE OF BIRTH *	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	JOB TITLE			MONTHLY SALARY

TEXAS PUBLIC RETIREMENT SYSTEM ACCOUNTS

Service earned with another TCDRS participating employer or another statewide public retirement system (listed below) may be used for your eligibility for benefit payments from TCDRS under the Proportionate Retirement Program. Please check the appropriate box below if you have an account with one or more of these systems:

- | | |
|---|--|
| <input type="checkbox"/> Employees Retirement System of Texas (ERS) | <input type="checkbox"/> Teacher Retirement System of Texas (TRS) |
| <input type="checkbox"/> Texas Municipal Retirement System (TMRS) | <input type="checkbox"/> Judicial Retirement System of Texas (JRS) |
| <input type="checkbox"/> City of Austin Employees Retirement System (COARS) | |

TCDRS MEMBERSHIP INFORMATION

TCDRS administers the retirement plan provided by your employer. The plan includes service retirement, disability retirement, and death benefits.

As a member of TCDRS you should receive a *Guide to Member Benefits* from your employer. Additionally, each year you should receive a TCDRS Annual Statement of Deposits and Estimated Retirement Benefit for the prior year.

BENEFICIARY DESIGNATION FORM

You should also fill out and send a *Beneficiary Designation* (TCDRS-06) to our office so that payments can be made according to your wishes in the event of your death. If you do not have a valid beneficiary on file, it can potentially result in the loss or delay of benefits for loved ones and even possible legal disputes and expenses for your survivors.

PLEASE COMPLETE FORM: <http://www.tcdrs.org/forms/TCDRS-06.pdf>

* REQUIRED FIELDS