



**NOTICE OF PARTICIPATION  
TENNESSEE CONSOLIDATED RETIREMENT SYSTEM  
New Hire Enrollment July 1, 2014 or Later**

Name: \_\_\_\_\_  
Last First MI

Social Security No. \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Sex:  Male  Female Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Have you ever been a member of the TCRS?  Yes  No

If yes, give the name of the institution/agency in which you were employed: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Print Name

\_\_\_\_\_  
Date