## Optional Retirement Program (ORP) Part-time Reemployment Certification/Waiver Form

## TCA 8-35-413.

Part-time reemployment after receiving benefits from the optional retirement program.

Any person receiving benefits from the optional retirement program established pursuant to this part who returns to service on other than a full-time basis in a position covered by the optional retirement program shall be subject to the applicable work and compensation limits set forth in § 8-36-805(1) and (2). As a condition of the employment, the person shall not be eligible for additional contributions to the person's optional retirement account nor shall the person be eligible to accrue retirement credit in the Tennessee consolidated retirement system during that person's period of reemployment.

Pursuant to TCA 8-35-413, ORP retirees who are receiving, or have received, benefits from the ORP are limited to working 120 days or 900 hours and may not earn more than 60% of full-time salary. This limitation applies to all positions that may be held concurrently within the TBR system.

. hereby certify that I meet all of these criteria:

ORP retirees returning to part-time employment must certify **ONE** of the following:

1.

| (Name)  | <u></u>                                      |
|---|--|
| I have been retired 60 days or longer   |  |
| I am not also working at another State agency   |  |
| <ul> <li>I will not exceed 120 working days (900 hours) in a 12 month period</li> </ul>   |  |
| The salary for this position does not exceed 60% of my final year's salary.   | ary prior to retiring (+5% annually)         |
| Signature   | Date   |
| Or;   |  |
| I,, hereby certif   | fy that I meet <u>all of these</u> criteria: |
| I have not received any benefits (withdrawal, rollover, payout, disbur Tennessee ORP account in the past  | sement, etc.) from my State of               |
| <ul> <li>I am not currently receiving any benefits (withdrawal, rollover, payou<br/>State of Tennessee ORP account.</li> </ul>  | t, disbursement, etc.) from my               |
| <ul> <li>I understand I must immediately notify Human Resources if at any tin<br/>(withdrawal, rollover, payout, disbursement, etc.) from my State of Toworking as an employee within the TBR system</li> </ul> | <u>-</u>                                     |
| Signature   |  |