



Active Member Proportionate Service Credit Application

Name: _____ SSN(last 4 digits): XXX-XX- _____

Daytime Phone:(_____) _____ E-mail _____

Please check the box(es) indicating the system(s) in which you are a current **active** member. APRS will verify your account status with the system(s) that you indicate.

City of Austin Employees' Retirement System – *must have funds in the account to be eligible*

Years _____ Months _____ From _____ To _____

Employees' Retirement System of Texas – *must have funds in the account to be eligible*

Years _____ Months _____ From _____ To _____

Texas County and District Retirement System – *(Please contact TCDRS directly to obtain a Service Credit Summary).*

Years _____ Months _____ From _____ To _____

Texas Municipal Retirement System

Years _____ Months _____ From _____ To _____

Teachers Retirement System of Texas – *must have funds in the account to be eligible*

Years _____ Months _____ From _____ To _____

Judicial Retirement System of Texas I & II – *must have funds in the account to be eligible*

Years _____ Months _____ From _____ To _____

El Paso City Employees' Pension Fund – *must have funds in the account to be eligible*

Years _____ Months _____ From _____ To _____

El Paso Fireman and Policeman's Pension Fund – *must have funds in the account to be eligible*

Years _____ Months _____ From _____ To _____

By signing below, I verify that the above information is true and correct. I understand that this declared time is subject to verification prior to retirement and only verified proportionate service will be used to qualify for retirement.

Member Signature _____

Date _____

Total Verified Eligible Proportionate Service: _____ years _____ months Initials: _____