

**PLEASE FOLLOW THE  
INSTRUCTIONS LISTED  
ON THE  
TRAVIS COUNTY  
RETIREE  
DECLARATION AND  
AUTHORIZATION FORM**

**SEE FORM BELOW**



**TRAVIS COUNTY RETIREE  
DECLARATION AND AUTHORIZATION FORM**

**Each section below must be completed in order of sequence and forward to the next noted department prior to retirement date:**

- 1. Retiree and Department HR liaison**
- 2. Auditor's office**
- 3. Human Resources Management Department (HRMD)**

**1. Retiree and Department HR liaison: (Department HR liaison sends to HRMD Compensation with attached PAF and retirement letter. HRMD Compensation sends to Auditor's office.)**

Date to HRMD Compensation: \_\_\_\_\_ Date to Auditor: \_\_\_\_\_

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Date of retirement: \_\_\_\_\_ Department: \_\_\_\_\_

**I intend to participate in the Travis County Benefit Plan as a retiree. Yes \_\_\_ No \_\_\_**

**If no, I understand that if I do not enroll at time of retirement I will not be able to participate in the future, due to the proposed County Retiree policy.**

I, \_\_\_\_\_ warrant that there is no agreement or promise or understanding between me and any employee, elected or appointed official or representative of Travis County that I will be hired by Travis County after I retire.

I acknowledge that I am not eligible to apply for, or accept or begin any form of reemployment with Travis County for at least, ninety (90) days after the last date on which salary or benefits are paid to me through the payroll system. **That Retirement date is:** \_\_\_\_\_

I also acknowledge no employee, elected or appointed official or representative of Travis County may consider me for any form of employment with Travis County or offer to reemploy me make or have an agreement or promise or understanding about reemploying me after retirement for at least, ninety (90) days after the last date on which salary or benefits are paid to me through the payroll system.

I also acknowledge no employee, elected or appointed official or representative of Travis County may give me a preferential status related to reemployment.

Retiree signature: \_\_\_\_\_ Department HR Liaison: \_\_\_\_\_

**2. Auditor's office: (Send to HRMD Benefits)**

**\*\*\*\*Enrollment will not be completed without this form\*\*\*\***

This employee has applied to TCDRS for retirement. Yes \_\_\_\_\_ No \_\_\_\_\_

This employee has \_\_\_\_\_ months of full time equivalent Travis County employment credit.

Retirement Date \_\_\_\_\_ Auditor's office authorization: \_\_\_\_\_ Date to HRMD Benefits: \_\_\_\_\_

**3. HRMD Benefits:**

Retiree's contributions for health insurance are based on a rate structure determined by years of Travis County service and the annual decision by Commissioners Court on whether to provide a county contribution.

**Rate structure A \_\_\_\_\_ Rate structure B \_\_\_\_\_**

Date: \_\_\_\_\_ Signature \_\_\_\_\_ (HRMD)