

**STATEMENT REGARDING THE REHIRE OF FORMER EMPLOYEE**

FORM 406A

Former Employee Name \_\_\_\_\_ EMP ID \_\_\_\_\_

Dept./Office and Job Title of Last Position Held by Former Employee \_\_\_\_\_

Date of Separation of Employment with FBC \_\_\_\_\_ Earliest Possible Re-employment Date \_\_\_\_\_

Dept./Office and Job Title of Position to be Filled \_\_\_\_\_

Former Employee:  Retired  Terminated and withdrew

TCDRS account **TO BE SIGNED BY THE FORMER EMPLOYEE SEEKING REHIRE**

By my signature below, I attest that on the date indicated above I completed a bona fide separation of employment with Fort Bend County, meaning that I separated employment without intention to return to work for Fort Bend County after gaining access to my qualified retirement plan with TCDRS. I further attest that NO prior agreement or arrangement, either specified or implied, existed between me and any hiring authority of Fort Bend County to return to any position of employment in Fort Bend County following my separation.

**I understand that returning to employment under a specified or implied agreement to return to employment following retirement or access to one's TCDRS account is a violation of federal law (26USC§401(a)), as well as a violation of Texas Government Code Section 842.110. Such violation could result in disqualification of the TCDRS retirement plan and have serious tax consequences for me, as well as all Fort Bend County employees, the County, and all members of TCDRS.** I further understand I could be subject to back taxes, penalties and interest and may be required to repay any funds received from my TCDRS account. I further understand that I would be subject to immediate termination of employment which could result in discontinuation of retiree medical benefits provided by Fort Bend County.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE SIGNED BY THE DEPARTMENT HEAD OR ELECTED OFFICIAL INITIATING REHIRE**

By my signature below, I agree that an offer of employment has been made to the individual named above. I understand this individual is a retiree of Fort Bend County, or has otherwise had access to their Fort Bend County TCDRS account, and I attest that to my knowledge, prior to this individual's separation on the date specified above, no agreement, either specified or implied, existed between the individual and Fort Bend County to return to any position of employment with the County. I understand that such an agreement would violate federal law and state statute, and could result in serious tax consequences for all members of TCDRS, including me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE SIGNED BY HUMAN RESOURCES REPRESENTATIVE**

The individual named above terminated on \_\_\_\_\_ and is to be rehired on \_\_\_\_\_. At least one full calendar month has elapsed since this individual last made a deposit into their TCDRS account. Individual has asserted to me, and I have no reason to believe otherwise, that his/her separation of employment on \_\_\_\_\_ was a bona fide separation of employment and no prior agreement, either specified or implied, existed between individual and Fort Bend County to return to any position of employment with the County.

Signature \_\_\_\_\_ Date \_\_\_\_\_