

**TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM  
FORM 200-C: RETROACTIVE SUPPLEMENTAL CONTRIBUTION**

DEPARTMENT NAME AND CONTACT INFORMATION	
DEPARTMENT NAME	
CONTACT NAME	
MAILING ADDRESS	
CITY STATE ZIP CODE	
EMAIL ADDRESS	
PHONE NO.	
FAX NO.	

RETROACTIVE CONTRIBUTION INFORMATION					
TOTAL CONTRIBUTION AMOUNT	STARTING DATE	ENDING DATE	TOTAL MONTHS	TOTAL MEMBERS	AMOUNT PER MEMBER
\$					
BOARD OFFICER'S SIGNATURE		BOARD OFFICER'S PRINTED NAME AND TITLE		DATE	
X					
EXECUTIVE DIRECTOR'S SIGNATURE		EXECUTIVE DIRECTOR'S NAME		DATE	
X					

THE SYSTEM WILL ACCEPT RETROACTIVE SUPPLEMENTAL CONTRIBUTIONS FROM GOVERNING ENTITIES OR PARTICIPATING DEPARTMENTS.

**INSTRUCTIONS:**

- 1) MAKE ANY NEEDED CHANGES TO YOUR ROSTER.
- 2) COMPLETE THE ATTACHED FORM AND ENCLOSE A CHECK IN THE AMOUNT OF THE LUMP-SUM CONTRIBUTION.
- 3) UPON RECEIPT OF THE PAYMENT, TESRS WILL PRORATE THE LUMP-SUM PAYMENT TO EACH MEMBER ACTIVE DURING THE EFFECTIVE PERIOD IDENTIFIED ABOVE.



**TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM**  
**P.O. BOX 12577 AUSTIN TEXAS 78711 (800) 919-3372 FAX (512)936-3480**

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FORM 200-C 9/2013

RECEIVED AT TESRS  
APPLICATION DATE