



## Membership Election Form for Vested Members of the Employees' Retirement System or Teachers Retirement System

### Instructions:

1. Include the *ERS/TRS Vested Election Form* as part of the Employer new hire packet.
2. Only vested ERS and TRS members (at least 10 years of creditable service) are eligible to make the ERS/TRS Vested Membership election. They may only elect continuation of membership in either ERS or TRS
3. Direct the eligible employee to the *ERS-TRS Decision Guide* available at the ERSGA website. The ERS-TRS Decision Guide compares the contributions, calculations and benefits of each retirement plan.
4. Ensure the employee makes the ***election within 60 days of hire\****.

**Note: If the employee is an ERS GSEPS employee the election MUST be made within 1 week of hire\*\*.**

5. Ensure ALL sections of the form are completed, and submit the completed form to both TRS and ERS. Incomplete forms are NOT valid.
6. A new ERS/TRS Vested Membership Election form must be completed each time an eligible employee is hired.
7. Contact the Retirement System immediately when an employee is enrolled in the incorrect plan. These errors will require reversal of posted contributions.

***\*Failure to make an election in the vested Retirement System within 60 days of employment will result in a default enrollment to the other Retirement System.***

**\*\*Enrollment for ERS GSEPS members is time critical. Failure to quickly make an election to continue ERS membership as a GSEPS member will impact the member's earnings and may result in an undesired distribution of 401(k) funds.**



## Membership Election Form for Vested Members of the Employees' Retirement System or Teachers Retirement System

O.C.G.A 47-2-181(c)(1-4) and O.C.G.A 47-3-81(b)(1-5) states that any vested member (10 or more years of creditable service excluding forfeited leave) of the Employees' Retirement System (ERSGA) or the Teachers Retirement System (TRSGA) who becomes an employee in an agency covered by the other System may elect to remain a member of their vested System. *This election must be made in writing to the Boards of Trustees no later than 60 days of first becoming employed in a position covered by the other System and is **irrevocable**.*

**To Be Completed by Employee:** If eligible, submit a new ERS/TRS Vested Membership Election form each time you are hired.

Social Security Number:	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				-			-			
			-			-					
Last Name _____,	First Name _____	Middle Initial _____									
<i>To the Boards of Trustees of the ERS and TRS:</i>											
<input type="checkbox"/> Being vested, I elect to <u>remain</u> a member of the (check one):											
<input type="checkbox"/> Employees' Retirement System of Georgia											
<input type="checkbox"/> Teachers Retirement System of Georgia											
<b>I understand that by electing to retain my membership in my vested Retirement System, I am forfeiting any rights I could accrue under the other System.</b>											
<b><u>OR</u></b>											
<input type="checkbox"/> I elect to <u>become</u> a member of the (check one):											
<input type="checkbox"/> Employees' Retirement System											
<input type="checkbox"/> Teachers Retirement System											
Employee's Signature _____		Date _____ / _____ / _____									
<b>I understand that <u>my decision is final</u> and cannot be changed in the future unless employer changes.</b>											

**To Be Completed by Employer:**

Date of Employment for this Employee _____ / _____ / _____	Standard weekly hours _____
Employer Name _____	Employer Code _____
Authorizing Signature _____	Phone # _____

**Instructions** **EMPLOYEE:** Upon completion, submit a copy of this form to your Human Resources or Payroll office.

**EMPLOYER:** Send a copy of the completed form to ERSGA and TRSGA **within 60 days of hire.**\*

\*Within 1 week for GSEPS members

ERSGA: Two Northside 75, Suite 300, Atlanta, GA 30318  
Ph. (404) 350-6500, (800) 805-4609 Fax (404) 350-6308  
[ERS.FMD@ers.ga.gov](mailto:ERS.FMD@ers.ga.gov)

TRSGA: Two Northside 75, Suite 100, Atlanta, GA 30318  
Ph. (404) 352-6500, (800) 352-0650 Fax (404) 352-4885  
[TRSEmployerServices@trsqa.com](mailto:TRSEmployerServices@trsqa.com)