



Independent Contractor Verification Form

Independent Contractor Company Name _____
(Please Print) FEIN

Retired Member Name _____
(Please Print) Social Security Number

Retired members who return to service as or for an Independent Contractor are not subject to the 1,040 hour work limitation if **ALL** of the following criteria are met:

Note: An Independent Contractor is a person or entity contracted to perform work for, or provide services to, a state employer as a non-employee.

Check all that apply for the contractor indicated above –

- The person or contracting entity has multiple employees.

- The person or contracting entity has multiple contracts and the contracts are not limited to employers as defined in O.C.G.A 47-2-1.

- The contractual relationship with the employer was not created to allow a retired employee to continue employment after retirement in a position similar to the one held before retirement.

Employer Reporting/Department # _____ Date of Hire _____
Date

Employer Name _____

I hereby certify that all three (3) of the above conditions have been met to allow this independent contractor and/or state retiree on this independent contractor's payroll to work in excess of 1,040 hours in a calendar year without impacting their retirement benefit.

Signature Date

Title Phone: _____

Email: _____

Return this signed form to the Employees' Retirement System of Georgia **within 30 days of hire**. Mail to: **Employees' Retirement System of Georgia, Two Northside 75, Suite 300, Atlanta, GA 30318**