

PSERS Rehired Retiree Reporting Form

Instructions

This form must be completed and returned within 30 days of hire.

This form is to be completed for all employees hired into a position covered by the Public School Employees Retirement System (PSERS) who have previously retired from PSERS.

This form should be completed by the employee and employer together at the time of rehire.

If you are less than age 65, your retirement benefits will cease and you do not need to make an election. You should still sign the form and return to your employer for submission to PSERS. You will be eligible to reapply upon reaching age 65 or again separating from service, whichever is earlier.

Employers:

[O.C.G.A. § 47-4-106](#) requires employers to notify the Employees' Retirement System of Georgia of any employees who have been hired subsequent to retirement from the Public Schools Employees' Retirement System (PSERS). The employer must reimburse ERSGA for any benefits wrongfully paid in the event the employer has failed to notify ERSGA of a rehired employee's status. It is the duty of the retired plan member seeking employment to notify the employer of his or her retirement status prior to accepting such position. If a retired retiree fails to notify the employer and the employer becomes liable to the retirement system, the plan member shall hold the employer harmless for all such liability.

Note: This form is not required for substitutes working less than 60% of full time.

Section 1: Employee Information, Election (if 65 or over), and Signature

1. Complete name and last four digits of SSN
2. Check Election box (if 65 or over)
3. Sign and date

Section 2: Employer Information

1. Review employee information in Section 1
2. Complete employer information in Section 2
3. Return page 2 to ERSGA by mail, fax, or email

ERSGA
Two Northside 75, Suite 300
Atlanta, GA 30318-7778

Fax: 404.350.6310

Email: ERSFMDPayroll@ers.ga.gov



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Section 1: Employee Information and Election

Name (please print): _____

Last 4 digits of SSN: _____

Election

If 65 or older select one:

- I wish to continue to receive my PSERS retirement benefit and not become an active, contributing member of PSERS through my employer.
- I wish to stop my current retirement benefit and reestablish active, contributing membership in PSERS through my employer. I understand that upon separation from this employment service I may again reapply for retirement benefits under PSERS, which will be actuarially reduced by any PSERS retirement benefits I received prior to this reemployment.

Section 2: Employer Information

Employer Reporting/Department # _____

Employer Name: _____

Title: _____

Phone: _____ Email: _____

Employer Signature: _____

Date: _____

Return this signed form (signed by both employee and employer) to ERSGA **within 30 days of hire**.

Mail, fax, or scan and email this form to:

ERSGA
Two Northside 75, Suite 300
Atlanta, GA 30318

404.350.6310

ERSFMDPayroll@ers.ga.gov