

# GSEPS 401(k) Plan Opt-Out Form

Complete this form to Opt Out of (decline participation in) the GSEPS 401(k) Plan.  
Please print or type clearly.

## SECTION 1: Participant Information

Social Security Number	Date of Birth	Agency Name		
Your Name		Your Hire Date		
Mailing Address: Street/P.O. Box	City		State	Zip Code

### *An important note about GSEPS and qualified default investment alternatives (QDIA)*

As a new state of Georgia employee hired on or after January 1, 2009, if you do not choose to decline participation in the GSEPS 401(k) Plan by completing of this form, you are Automatically enrolled in the GSEPS 401(k) Plan using the Peach State Reserves 401(k) Plan, and contributions of one percent (1%) of your salary will be taken beginning with your first paycheck. An employer matching contribution of 1% will also be contributed to your account. You may choose to contribute more, and receive additional matching contributions. Review the matching information in the GSEPS Plan Brochure or at the Employees' Retirement System of Georgia website at [www.ers.ga.gov](http://www.ers.ga.gov). Your contributions will be invested in the Plan's QDIA—an investment alternative or option as defined under rules issued by the Department of Labor chosen by the Plan's fiduciary for those instances when participants fail to provide instruction on how to invest monies in their 401(k) retirement plan account.

The QDIA for the GSEPS 401(k) Plan is the appropriate Lifecycle Fund, based on your age and expected date of retirement. A description of the Lifecycle Funds is available at [www.GaBreeze.ga.gov](http://www.GaBreeze.ga.gov) or by calling GaBreeze at 1-877-342-7339. This description includes information on the objective of the investment, as well as risk and return characteristics, related fees and expenses, and any restrictions on your ability to transfer or direct your money out of the investment.

## SECTION 2: Opt-Out Instructions

- **You can choose not to be Automatically enrolled in the GSEPS 401(k) Plan by declining participation if you complete this form and return to your Payroll or Human Resources office.** You must submit this form within five (5) business days from your date of hire, or you will be Automatically enrolled and contributions will be deducted from your salary. You may also subsequently choose to stop participation by contacting GaBreeze at 1-877-342-7339 or online at [www.GaBreeze.ga.gov](http://www.GaBreeze.ga.gov). If you are Auto-enrolled, you have a right to a Ninety (90) calendar day period from date of hire during which a refund of contributions (plus or minus any gains or losses) can be requested.
- If you choose to decline participation upon hire by completing this Opt-Out Form, you may later enroll at any time in the GSEPS 401(k) plan by subsequently contacting GaBreeze at 1-877-342-7339 or online at [www.GaBreeze.ga.gov](http://www.GaBreeze.ga.gov). Note that if you decline Auto-Enrollment upon hire by signing this form, you forfeit the right to a Ninety (90) calendar day period from date of hire during which a refund of contributions (plus or minus any gains or losses) can be requested.

## SECTION 3: Member Acknowledgement and Signature

**I have read the information provided above and understand by signing this form, I hereby confirm my election to NOT participate in the GSEPS 401(k) Plan.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this signed form to your Human Resources office within 3 days of hire if  
Opting Out of (declining participation in) the GSEPS 401(k) Plan. You may enroll in  
the future by contacting GaBreeze directly (see Section 2 above)**