



## Rehired Retiree Reporting Form

### Instructions

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

O.C.G.A. § 47-2-112(d), O.C.G.A. § 47-23-109(c), and O.C.G.A. § 47-6-84(d), requires employers to notify the Employees' Retirement System of Georgia (ERSGA) of any employees who have been hired after retirement from the Employees' Retirement System (ERS), Georgia Judicial Retirement System (JRS), or Legislative Retirement System (LRS).

If a rehired retiree exceeds the annual 1,040 hour work limitation and the employer has failed to notify ERSGA of the employee's status, the employer must reimburse ERSGA for any benefits wrongfully paid. It is the duty of the retired plan member to notify the employer of their retirement status prior to accepting employment. If a rehired 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.

In addition, for ERS retirees who have not yet reached normal retirement age, O.C.G.A. § 47-2-110 (a)(1)(B) requires employers to certify to ERSGA that no agreement existed prior to retirement between the employer and the retiree to allow the retiree to return to service.

#### Section 1: Employee and Employer Information

1. Complete employee name and last four digits of SSN
2. Complete employer number and name

#### Section 2: Employment Information and Certification

1. Choose employment status and complete expected annual work hours
2. Certify no existing agreement, if applicable

#### Section 3: Employer Signature

1. Sign and date
2. 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: [ERS.REHRetiree@ers.ga.gov](mailto:ERS.REHRetiree@ers.ga.gov)



## Rehired Retiree Reporting Form

### Section 1: Employee and Employer Information

Employee Name: \_\_\_\_\_  
Last 4 digits of Employee SSN: \_\_\_\_\_  
Employer Reporting/Department #: \_\_\_\_\_  
Employer Name: \_\_\_\_\_

### Section 2: Employment Information and Certification

Date of Rehire: \_\_\_\_\_  
Employment Status:       Full time       Part time  
Number of hours expected to work annually: \_\_\_\_\_  
 If applicable, I hereby certify that no agreement to return to employment service existed between this department and this rehired retiree prior to the retirement date.

### Section 3: Employer Signature

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Return this signed form to ERSGA **within 30 days of hire.**

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

ERSGA  
Two Northside 75, Suite 300  
Atlanta, GA 30318  
Fax: 404.350.6310  
[ERS.REHRetiree@ers.ga.gov](mailto:ERS.REHRetiree@ers.ga.gov)