



ERS Age 65 Election to Discontinue Contributions

Name _____ / /
(Please Print) Social Security Number Date of Birth (m/d/yy)

As provided under the provisions of O.C.G.A. § 47-2-51(a)(1), I elect to discontinue contributions to the Employees' Retirement System (ERS) defined benefit pension plan, having attained the age of 65*. With this election I understand that I will continue to be an ERS member, but in accordance with O.C.G.A. § 47-2-120(a)(2), I will no longer accrue service credits in the defined benefit pension plan unless I resume contributions.

Please note: Eligibility to contribute to the Peach State Reserves (PSR) defined contribution plan is not impacted by this election. For example, if you are currently a Georgia State Employees' Pension and Savings Plan (GSEPS) member, you will continue to be eligible for employer matching contributions in the PSR 401(k) plan as long as you remain an actively employed GSEPS member.

Your local HR representative **must** complete the section at the bottom **after** you have signed and dated this form. Mail the original **completed** form, along with a copy of proof of age, to:

Employees' Retirement System
Two Northside 75, Suite 300
Atlanta, GA 30318

For questions, contact ERS at 1-800-805-4609 or, in Metro Atlanta, 404-350-6300.

Employee Signature Date

*You must provide proof of age (copy of birth certificate, driver's license, passport, etc.) along with this form.

To be completed by Human Resources:	
<p>_____ Employer Name</p>	<p>_____ Employer Number</p>
<p>_____ HR Contact Name</p>	<p>_____ HR Contact Phone</p>
<p>_____ HR Contact Email</p>	
<p>_____ HR Contact Signature</p>	<p>_____ Date Signed</p>