Employees' Retirement System of Georgia

G 8 $ E R S

ERS Age 65 or Over Election to Discontinue Contributions

Section 1: Employee Election

Please complete this section and submit it along with proof of age documentation (copy of birth certificate, driver's license, passport, etc.) to Employer HR or Payroll representative.

Name (please print): _____

Social Security Number: _____ Date of Birth: _____

As provided under O.C.G.A. § 47-2-51(a)(1), I elect to discontinue employee contributions to the Employees' Retirement System (ERS) defined benefit pension plan, having attained age of 65. I understand that I will remain an ERS member; however, pursuant to O.C.G.A. § 47-2-120(a)(2), I will no longer earn additional service credits in the ERS defined benefit pension plan unless I elect to resume contributions.

Signature: _____ Date: _____

Please note: This election does not affect your eligibility to participate in the Peach State Reserves (PSR) defined contribution plan. For example, if you are a Georgia State Employees' Pension and Savings Plan (GSEPS) member, you will remain eligible for employer matching contributions in the PSR 401(k) plan as long as you continue to meet eligibility requirements and remain actively employed.

Your local Authorized Employer HR or Payroll representative must complete Section 2 after you have signed and dated this form.

Section 2: Employer Certification (must be completed by HR or Payroll Representative)

I **certify** that the above employee:

☐ Is an active ERS member
☐ Has attained age 65
☐ Has made **at least one month of contributions** to the ERS defined benefit pension plan

As required by O.C.G.A. § 47-2-120(a)(2):

☐ I will **discontinue** collection of the **employee** ERS pension contributions (after at least one month of contributions have been made and employee completes election to discontinue)
☐ I will **continue** to report and remit **employer** ERS pension contributions
☐ I confirm the employee remains set-up as an ERS member in the HR or Payroll system, ensuring eligibility for Peach State Reserves (PSR) and any applicable 401(k) employer matching contributions are not impacted by this election.

Employer Name: _____ Employer Reporting or Department #: _____

Authorizing Representative: _____ Title: _____

Phone: _____ Email: _____

Authorizing Signature: _____ Date: _____

To resume employee contributions, a request must be submitted to ERSGA Employer Services at ERS.ES@ers.ga.gov.

Form Submission

Submit completed **Page 1** of this form (signed by employee and employer) with **proof of age documentation** to ERSGA.

Upload: Log in to the ERSGA Employer Portal at employer.ers.ga.gov
from the Employer Desktop, select Document Upload

Mail: Employees' Retirement System of Georgia
Two Northside 75, Suite 300
Atlanta, GA 30318

Fax: 404-350-6310