



Independent Contractor Verification Form

Independent Contractor Company Name _____ (Please Print) _____ FEIN

Retired Member Name _____ (Please Print) _____ Social Security Number

Retired members who return to service as or for an independent contractor are not subject to the 1,040 hour work limitation if ALL of the following criteria are met:

Check all that apply for the contractor indicated above –

- The contracting entity has multiple employees.
- The contracting entity has multiple contracts and the contracts are not limited to employers as defined in O.C.G.A 47-2-1.
- The contractual relationship with the employer was not created to allow a retired employee to continue employment after retirement in a position similar to the one held before retirement.

Employer Reporting/Department # _____ Date of Hire _____ Date

Employer Name _____

I hereby certify that all three (3) of the above conditions have been met to allow this independent contractor and/or state retiree on this independent contractor's payroll to work in excess of 1,040 hours in a calendar year without impacting their retirement benefit.

Signature Date

Title Phone: _____

Email: _____

Return this signed form to the Employees' Retirement System of Georgia **within 30 days of hire**. Mail to the following address:

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