

## Independent Contractor Verification

### Instructions

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

An Independent Contractor is a person or entity contracted to perform work for, or provide services to, a state employer as a non-employee.

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 criteria below are met:

- The person or contracting entity has multiple employees.
- The person or 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.

Independent Contractors meeting all of the above criteria do not need to be reported on the employer web portal.

The rehired retiree cost doesn't apply to verified contractors.

#### Section 1: Independent Contractor Information

1. Complete Contractor company name and Federal Employer Identification Number (FEIN)
2. Complete Retired Member name and last 4 digits of SSN

#### Section 2: Employer Information and Signature

1. Check all boxes that apply
2. Complete employer information
3. Sign and date

Return form to:

ERSGA  
Two Northside 75, Suite 300  
Atlanta, GA 30318-7778

Fax: 404.350.6310

Email: [ERSFMDPayroll@ers.ga.gov](mailto:ERSFMDPayroll@ers.ga.gov)



## Independent Contractor Verification Form

### Section 1: Contractor Information

Independent Contractor Company Name: \_\_\_\_\_

FEIN: \_\_\_\_\_

Retired Member Name (please print): \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_

### Section 2: Employer Information and Signature

Check all that apply for the contractor in Section 1:

The person or contracting entity has multiple employees.

The person or 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: \_\_\_\_\_

Employer Name: \_\_\_\_\_

I 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.

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  
404.350.6310  
[ERSFMDPayroll@ers.ga.gov](mailto:ERSFMDPayroll@ers.ga.gov)