



Legislative Retirement System Election/Declination of Membership

Member of General Assembly
Effective July 1, 2012

Section 1 - Member Information

Name: _____
(Last) (First) (MI) (Maiden)

Mailing Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ / _____ / _____ SSN: _____ - _____ - _____
(mm/dd/yyyy)

Daytime Phone Number: () _____ Email: _____

Section 2 - Election/Declination of Membership

O.C.G.A 47-6-40 states that each person who first or again becomes a member of the General Assembly on or after July 1, 2012, may make an irrevocable election at the beginning of each term of office to become a member of the Georgia Legislative Retirement System (LRS). The date of membership election will be the date the person takes office.

Note: A member of the General Assembly may obtain Creditable Service for membership only for purposes of the Legislative Retirement System. Service as a member of the General Assembly obtained after December 31, 1985 may not be used for credit in any other public retirement or pension system of the State of Georgia.

Note: If you elect not to be included in the membership of LRS, you will also waive the benefit of retaining your health insurance at the employee rate upon leaving office with at least eight years of service.

_____ I elect Membership with LRS, and based on this election, I understand that I will establish membership under the LRS benefit structure at the time of my membership.

_____ I decline membership with LRS.



Section 3 - Retirement Beneficiaries

A. PRIMARY

Name: _____
(Last) (First) (MI) (Maiden)

Mailing Address: _____
(Street) (City) (State) (Zip)

Date of Birth: ____/____/____ Relationship to You: _____
(mm/dd/yyyy)

Daytime Phone Number: () _____

B. SECONDARY

Name: _____
(Last) (First) (MI) (Maiden)

Mailing Address: _____
(Street) (City) (State) (Zip)

Date of Birth: ____/____/____ Relationship to You: _____
(mm/dd/yyyy)

Daytime Phone Number: () _____

Section 4 - Signature & Acknowledgement

I designate the above for any benefits due after my death. I have read and understand the instructions on page three of this form.

Signature: _____

Date of Swearing In: _____

Legislative District: _____

Mail to:

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

Legislative Retirement System Election/Declination of Membership Instructions

Complete and return to ERSGA. Incomplete forms are not valid and will be returned.

- On this form, you are choosing to elect or decline LRS membership.
- On this form you are designating beneficiaries for benefits upon your death.
- If you wish to name more than two beneficiaries, please write “see attached,” write the names and other information requested on a separate piece of paper and attach it to this form. Primary and secondary beneficiaries do not share benefits. If you attach a sheet, you must sign and date the list and include your SSN in the upper right hand corner.
- Primary and secondary beneficiaries may be changed at any time prior to retirement, but this change is not effective until it is received in this office.
- A secondary beneficiary will receive a benefit only if the primary beneficiary(ies) predeceases you.
- Remember that a will does not take precedence over this designation.
- “Estate” is only appropriate as a designation if no monthly allowance is left to a beneficiary . A monthly allowance cannot be paid to an estate.

Sections 1 and 4: Personal Information and Signature

List all personal information in Section 1.

Section 4 must have your signature and must be dated.

Sections 2: Election/Declination of LRS Membership

Read Election/Declination terms and choose to either elect or decline membership in LRS.

Section 3: Retirement Beneficiary Information

Primary Beneficiaries: The primary beneficiary(ies) will receive a monthly benefit only if one of these two conditions apply:

You are age 65 years or older with at least 8 years of **creditable** service.

You are age 60 or older with at least 8 years of **membership** service.

If neither of these conditions are met, your beneficiary will receive a refund of your contributions and interest.

Secondary Beneficiaries: Your secondary beneficiary(ies) will receive the benefit only if the primary beneficiary predeceases you.