

## LRS Election/Declination of Membership Form

### Instructions

This form is for eligible members of the Georgia General Assembly to elect or decline membership in the Legislative Retirement System (LRS).

#### Section 1: Your Information

Complete all information.

#### Section 2: Election or Declination of Membership

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. [O.C.G.A 47-6-40]

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.
- 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.

#### Section 3: Retirement Benefit Beneficiary Information

If you decline membership in LRS, skip to Section 4 on the form.

Primary and secondary beneficiaries do not share benefits. Benefits will only be paid to a secondary beneficiary if all primary beneficiaries pre-decease you.

If you wish to name multiple beneficiaries, please write "see attached" on this form. On a separate sheet of paper, write the names, percentage of benefit to each beneficiary (must total 100%), and other requested information. You must sign and date the separate sheet, include your Social Security Number (SSN) in the upper right hand corner, and attach to this form.

"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, only a refund of your contributions and interest.

For more information visit the LRS plan page on the ERSGA website.

#### Section 4: Your Signature and Acknowledgement

Read this section. Sign and date, acknowledging:

- I have read and understand the instructions and conditions for this form, and that my election is irrevocable.
- I am designating beneficiaries for any benefits due after my death.



## LRS Election/Declination Form

### Section 1: Member Information

#### Your Information

|                                     |                       |
|-------------------------------------|-----------------------|
| First Name _____                    | Mailing Address _____ |
| Middle Initial _____                | City _____            |
| Last Name _____                     | State _____           |
| SSN _____                           | Zip _____             |
| Date of Birth _____<br>(mm/dd/yyyy) | Phone _____           |
|                                     | Email _____           |

### Section 2: Election or Declination of Membership

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 Benefit Beneficiaries

**If you declined membership in LRS, skip to Section 4**

#### A. Primary

|                       |                       |
|-----------------------|-----------------------|
| First Name _____      | Mailing Address _____ |
| Middle Initial _____  | City _____            |
| Last Name _____       | State _____           |
| Relationship to _____ | Zip _____             |
| Date of Birth _____   | Phone _____           |

#### B. Secondary

|                       |                       |
|-----------------------|-----------------------|
| First Name _____      | Mailing Address _____ |
| Middle Initial _____  | City _____            |
| Last Name _____       | State _____           |
| Relationship to _____ | Zip _____             |
| Date of Birth _____   | Phone _____           |

### Section 4: Signature & Acknowledgement

I have read and understand the instructions on Page 1 of this form.  
I designate the above for any benefits due after my death.

Signature (handwritten): \_\_\_\_\_ Date: \_\_\_\_\_