

Rehired Retiree Reporting Form

Instructions

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

O.C.G.A. § 47-2-112(d), O.C.G.A. § 47-23-109(c), and O.C.G.A. § 47-6-84(d), requires employers to notify the Employees' Retirement System of Georgia (ERSGA) of any employees who have been hired after retirement from the Employees' Retirement System (ERS), Georgia Judicial Retirement System (JRS), or Legislative Retirement System (LRS).

If a rehired retiree exceeds the annual 1,040 hour work limitation and the employer has failed to notify ERSGA of the employee's status, the employer must reimburse ERSGA for any benefits wrongfully paid. It is the duty of the retired plan member to notify the employer of their retirement status prior to accepting employment. If a rehired retiree fails to notify the employer and the employer becomes liable to the retirement system, the plan member shall hold the employer harmless for all such liability.

In addition, for ERS retirees who have not yet reached normal retirement age, O.C.G.A. § 47-2-110 (a)(1)(B) requires employers to certify to ERSGA that no agreement existed prior to retirement between the employer and the retiree to allow the retiree to return to service.

Section 1: Employee and Employer Information

1. Complete employee name and last four digits of SSN
2. Complete employer number and name

Section 2: Employment Information and Certification

1. Choose employment status and complete expected annual work hours
2. Certify no existing agreement, if applicable

Section 3: Employer Signature

1. Sign and date
2. Return page 2 to ERSGA by mail, fax, or email

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

Fax: 404.350.6310

Email: ERSFMDPayroll@ers.ga.gov



Rehired Retiree Reporting Form

Section 1: Employee and Employer Information

Employee Name: _____

Last 4 digits of Employee SSN: _____

Employer Reporting/Department # _____

Employer Name: _____

Section 2: Employment Information and Certification

Date of Rehire: _____

Employment Status: Full time Part time

Number of hours expected to work annually: _____

If applicable, I hereby certify that no agreement to return to employment service existed between this department and this rehired retiree prior to the retirement date.

Section 3: Employer Signature

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