

LRS Rehired Retiree Reporting Form

Instructions

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

This form is to be completed for all employees hired into a position covered by the Legislative Retirement System (LRS) who have previously retired from LRS.

This form should be completed by the employee and employer at the time of rehire.

If you are less than Normal Retirement Age and do not meet either of the following (62 and 8 years of Membership Service or 65 and 8 years of Creditable Service), your retirement benefits will cease and you do not need to make an election. You should still sign the form and return to your employer for submission to LRS. You will be eligible to reapply for benefits after separation of service.

Section 1: Employee Information, Election (if Normal Retirement Age or older), and Signature

1. Complete name and last four digits of SSN
2. Check Election box (if Normal Retirement age or older)
3. Sign and date

Section 2: Employer Information

1. Review employee information in Section 1
2. Complete employer information in Section 2
3. 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



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Section 1: Employee Information and Election

Name (enter or print): _____

Last 4 digits of SSN: _____

Election

If Normal Retirement age or older select one:

I wish to continue to receive my LRS retirement benefit and not become an active, contributing member of LRS through my employer.

I wish to stop my current retirement benefit and reestablish active, contributing membership in LRS through my employer. Upon separation from this employment, I will reapply for retirement benefits under LRS, with the same creditable service at the time of retirement along with additional creditable service accumulated during rehired active membership.

Employee Signature: _____

Date: _____

Section 2: Employer Information

Employer Reporting/Department # _____

Employer Name: _____

Date of Rehire: _____ Age at Date of Rehire: _____

Employer Signature: _____ Date: _____

Title: _____

Phone: _____ Email: _____

Return this signed form (signed by both employee and employer) to ERSGA **within 30 days of hire**.

Mail, fax, or scan and email the form to:

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Atlanta, GA 30318

404.350.6310

ERSFMDPayroll@ers.ga.gov