



Georgia Municipal Employees Benefit System (GMEBS)
The Burgess Building
201 Pryor Street, SW, Atlanta, GA 30303-3606 \* Phone (404) 688-0472 \* Fax (678) 686-6289 \* Toll Free 1-888-488-4462 \* gmanet.com

APPLICATION FOR PARTICIPATION IN RETIREMENT PLAN

Section 1. EMPLOYEE INFORMATION

I hereby apply for participation in the Retirement Plan of (insert Employer name) which is part of the Georgia Municipal Employees Benefit System (GMEBS) and which is administered by the Georgia Municipal Association (GMA).

Employee Name: (Last) (First) (Middle) Social Security No.:

Home Address: (Number and Street or rural route) (City) (State) (Zip code)

Gender: M / F Date of birth: (attach copy of birth certificate or other evidence of birth date) Month / day / year

Section 2. EMPLOYMENT RECORD WITH CURRENT EMPLOYER

Most recent hire date: (Month) / (Day) / (Year) Present job title or position:

Have you been employed by your current Employer before, prior to your most recent hire date? Yes No
If you answered "YES", please indicate prior period(s) of employment below:

First Period of employment from (Month) (Day) (Year) to (Month) (Day) (Year)

Second Period of employment from (Month) (Day) (Year) to (Month) (Day) (Year)

Section 3. PRIOR EMPLOYMENT WITH OTHER GMEBS EMPLOYERS

Have you ever worked for another employer that is a member of GMEBS (other than your current Employer)?

Yes No

If YES, who was the employer? When did you terminate? (Month) (Day) (Year)

If you have worked for additional GMEBS employers, please attach a sheet indicating the names of other employers and dates you terminated from each.

Section 4. CONTRIBUTION AUTHORIZATION; EMPLOYEE ACKNOWLEDGMENT

I hereby authorize the periodic and systematic deduction from my earnings of any required employee contributions to the Retirement Plan, in accordance with and subject to the terms of the Plan and any amendments thereto.

I hereby certify that the information contained herein is accurate. I accept and agree to be bound by the other terms and conditions of the Retirement Plan and any amendments that may be made to the Plan in the future. I understand that my eligibility for benefits under the retirement plan and the amount of any benefit payable under the plan, if any, will be determined by the terms of the plan in effect when I terminate my employment with the Employer. I further certify that the information contained herein is accurate.

Date: (Month) / (Day) / (Year) Employee Signature

EMPLOYEES DO NOT WRITE BELOW THIS LINE

Section 5. PENSION COMMITTEE REVIEW & ACCEPTANCE

The above application was received by me on (insert Month, Day, and Year). It has been checked for completeness and accepted by the Pension Committee.

(Signature - Pension Committee Secretary)