Retirement Plan Verification Form

Name: _____

Address: _____

_____

_____

Social Security Number: _____

(CHECK ONE)

_____ I am currently an active, contributing member of the **Teachers Retirement System of Georgia.**

_____ I am a retired member of the **Teachers Retirement System of Georgia.** My TRS membership number is _____.

_____ I am retired and a member of **the Teachers Retirement System of Georgia,** but I am not currently receiving benefits.

_____ I am currently an active, contributing, member of the **Employees' Retirement System of Georgia.**

_____ I am a retired member of the **Employees' Retirement System of Georgia.** My ERS membership number is _____.

_____ I am retired and a member of **the Employees' Retirement System of Georgia,** but I am not currently receiving benefits.

_____ I am **NOT** a member of a public retirement system with the State of Georgia.

_____ _____

Signature Date

Revised 08-22-12