

_____ Check if New Member



Pension Deduction for Dues Authorization

Georgia State Retiree Association

PO Box 108, Bethlehem, GA 30620

(Please print and make sure that the email address is clearly legible)

Last Name	First Name	Middle Name Or Initial
Street Address	City	State
Zip Code	E-mail Address	Phone Number
Pension Number (ID)	Retired from _____	Department Name
County of Residence: _____ Retirement Date: _____		
Local Chapter: _____		

I authorize the Employees Retirement System to withhold my GSRA dues (calculated by dividing the Annual dues—currently \$20—by 12 rounded) from my monthly pension benefit. Any future deduction change will be calculated as stated in the previous sentence. This authorization shall remain in effect until I revoke the deduction by written notice to GSRA. (Currently only retirees who receive benefits from the ERS are eligible to participate in the deduction process.

Signature of GSRA Member _____

NOTES:

- 1. Finding the Pension Number:** (a) Find the “Account Number” on your 2019 or earlier 1099R statement –for income tax purposes; or (b) Log-in to ERS (www.ers.ga.gov), click on Account Access and complete. If not registered, follow the instructions for registering. You may also contact the ERS (404-350-6300/1-800-805-4609) to obtain the number.
- 2. GSRA maintains physical, electronic and procedural safeguards to protect personal information.** We share only identifying information about you to our contractor, AMBA, for the purpose of marketing benefits and discounts to you. Marketing is limited to benefit exhibits, mailing benefits’ written material, phone calls or scheduled appointments.

To Be Completed by GSRA

Date to begin _____	GSRA Member No. _____	Retirement System _____
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Return to GSRA, PO Box 108, Bethlehem, GA 30620