

_____ Check if New Member



Pension Deduction for Dues Authorization

Georgia State Retiree Association

PO Box 6308, Elberton, GA 30635

(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: (if known) _____		

I authorize the Employees Retirement System to withhold my GSRA dues (calculated by dividing the Annual dues—currently \$24—by 12) 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:

Finding the Pension Number: The Pension Number can be found in any correspondence you have received from ERS and will be listed as your "Account Number". Also, the number can be found by logging-in to the ERS website (www.ers.ga.gov), registering, and clicking on Account Access, or by calling the ERS (404-350-6300/1-800-805-4609).

GSRA maintains physical, electronic and procedural safeguards to protect personal information. We share only identifying information about you to our contractors, AMBA and BMG Money, for the purpose of marketing services, 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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Print, sign and mail to: GSRA, PO Box 6308, Elberton, GA 30635 – OR, after completing and signing, form may be scanned or photographed and emailed to help@mygsra.com.