

GENERAL ASSEMBLY - BILLS OF INTEREST

Updated through April 13, 2010

Listed below are legislative bills being tracked by GSRA and that had action during the period March 18 through April 13, 2010. A complete listing of the GSRA-tracked bills, along with the status of each bill, is included on the "Legislation tab" of the GSRA website. Bills introduced in 2010 are listed first, followed by bills held over from the 2009 Session.

Bill Number	Short Description	Status (4/13/10)
2010 Introduced Legislation		
SB 310	Provides for regulating and licensing pharmacy benefit managers (PBMs), including mail-order PBMs that provide pharmacy services to Georgia citizens.	Passed Senate 3/8/10; and Favorably Reported by House Insurance on 4/13/10.
SB 316	Requires insurers who offer Medicare Supplemental policies to provide the policies to citizens under the age of 65 who have Medicare because of a disability.	Senate Passed on 2/18/10. Favorably Reported by House Insurance on 4/13/10.
SB 399	Provides for no state department to implement federal health care reform legislation until it reports to the General Assembly.	Passed Senate on 3/26/10 and assigned to House Gov Aff on 3/30/10.
SB 407	Allows Insurance Commissioner to identify states with laws consistent with Georgia to approve sale of individual health insurance to Georgia citizens.	Passed Senate on 3/26/10 and assigned to House Insurance on 3/30/10.
SB 436	Repeals obsolete and inoperative provisions of the Employees Retirement System Code.	Passed Senate 3/24/10; Favorably Reported by House Retirement on 3/31/10.
SB 478	Requires the State Accounting Officer to contract for auditing state contracts, except for Medicaid, Peach Care and SHBP, for errors and abuse	Passed Senate 3/24/10; Favorably Reported by House B&FA 4/13/10.
SB 515	Protects educators from furloughs when the school system has unencumbered reserves equal to 6% of that year's total budget.	Passed Senate 3/26/10 and assigned to House Education on 3/30/10.
HB 916	Provides for nullifying retirement for persons under age 60 who return to State Government work within two consecutive months as an employee or a contract employee, unless the contract work for State Government is incidental to the contract employer.	Passed House and passed Senate on 4/1/10.
HB 969	Changes state law to comply with federal IRC regarding retirement issues and normal retirement age although TRS states that the TRS pension plan is administered in compliance with IRS retirement law. A section of this bill impacts the Public School Employees Retirement (PSERS) in that it provides for suspension of the retirement benefit for a person under age 60 returning to work within two months or to choose not to receive	Passed House and passed Senate on 3/30/10.

Bill Number	Short Description	Status (4/13/10)
	retirement credit for work.	
HB 997	Transfers the state's administration of the federal social security plan for Georgia's state and local governments from the ERS to the State Personnel Administration.	Passed House and passed Senate on 4/12/10.
HB 1023	Provides an unemployment tax credit for employers that hire someone who is receiving unemployment benefits.	Passed House on 3/26/10 and Senate on 4/1/10.
HB 1086	Excludes release of e-mail addresses of employees of public and nonpublic schools to the public.	Passed House 3/22/10 and Favorably Reported by Senate Ed & Y on 3/31/10.
HB 1184	Authorizes Insurance Commissioner to approve insurance policies of companies in other states.	Passed House 3/26/10 and assigned to Senate Insur & Labor on 3/30/10.
HB 1194	Authorizes county DFACS to outsource work to volunteers.	Passed House 3/26/10 and assigned to Gvt O on 3/26/10.
HB 1431	Creates the Georgia Services Administration and transfers functions of the Department of Administrative Services, State Personnel Administration, and Properties Commission to GSA. It assigns the Georgia Aviation Authority, the State Accounting Office, the Office of Treasury and Fiscal Services, the Georgia Building Authority, the Office of State Administrative Hearings and the Georgia Technology Authority to GSA for administrative purposes.	Passed House 3/26/10 and assigned to the Senate Appropriations on 3/30/10.
HR 1768	Provides for a Constitutional Amendment to abolish the State Personnel Board.	Assigned to House Gov Affairs 3/24/10.
2009 Introduced Bills – Active during 2010 Session		
SB 161 & HB 426	SB modified to establish within the Dept of Behavioral and Development an Autism Task Force to develop a plan regarding educating the public, etc. on autism.	Senate Passed SB 161 3/26/10 and Favorably Reported by House Retirement on 4/13/10. HB 426 assigned to House Insurance Committee 2/17/09.
HB 249 Originally the same as SB 129	Original bill amended Public Retirement Systems Investment Authority Law to allow retirement funds to be placed in "alternative investments". HB 249 was amended in the House Retirement Committee to apply only to the Firefighters Pension Plan. <i>See GSRA's Feb. 13, 2009 Action Alert! HB 249 amended to apply only to the Firefighters Pension Plan.</i>	Passed House on 2/16/10 and assigned to Senate Retirement. Favorably Reported by Senate Retirement on 4/1/10.

DOES GSRA HAVE YOUR CORRECT CONTACT INFORMATION?

Please be sure to update your **email address** with GSRA when it changes.

Simply log in to www.mygsra.com using your old email address and password; select "Our Members" and "My Profile", and then change your information using the "edit" feature.

If your mailing address changes, and you do not use a computer, notify us of your new address by sending a card or letter to the address at the bottom of this page.

Mixed News on Georgia's Revenue Status: Is 'Cautious Optimism' in Order?

-----By Bill Tomlinson, Chair, GSRA Legislative Committee

“What goes up must come down,” the saying goes, but in other things---the economy, for one---expect the opposite: What goes down must come back up. We might also say, “Yes, but it’s got to stop going down first!”

In case you haven’t heard, March’s reported state revenues, for the first time in well over a year, exceeded revenues for March last year. This is the first month-to-month increase since November, 2008, although the March 2010 increase was not large --- only 1%. But when things have been so bleak for so long, it matters. Especially to state employees and teachers who’ve not seen a pay increase in ages, and have instead suffered pay cuts through furlough days.

But what’s in a number? In this case, a lot. The 1% increase noted in the Governor’s April 6 Press Release is a net number---after refunds. Even more important is that revenue from individual income taxes **collected** rose \$74 million in March over a year ago. Just as important is that February collections rose by \$24 million over last February. These increases are the first back-to-back increases in years, and that is **very significant**.

And there’s yet another promising indicator: The speed with which individual tax refunds are being issued has increased, thereby reducing the ‘net’ revenue increase. Individual tax refunds since July 1, 2009 are up \$406 million over July 2008 through March 2009, the same period last year. While refund amounts for January through March are up over \$196 million from last year, the *number* of refunds processed is up by over 470,000. That means that, unlike this fiscal year (when \$310 million of this year’s collections

had to be used to pay last year’s refunds) the state is paying out current refunds due with current-year dollars, instead of having to delay refund payouts until next fiscal year.

Does all this mean that a recovery is on the way? Maybe. But it does mean that this year is not the disaster (in terms of collections) that some are making it out to be. Are the net numbers bad? Yes! But it’s a bit exaggerated by last year’s state tax refunds that had to be rolled over and paid during this fiscal year instead of last fiscal year.

So what about next year? More people seem to be getting back to work. The sheer number of tax withholding payments in February increased by over 9,500 and in March, by over 16,000. After the number of tax payments for the first 8 months of FY 2010 had dropped by over 28,000 compared to FY 2009, the over 247,000 withholding payments made in March represent the largest monthly number since July 2009.. And remember, the Department of Revenue is processing more refunds earlier this year, meaning that the refunds are being paid from this year’s revenues, not next year’s.

So, just maybe, Georgia state government will turn the corner, revenue-wise, in FY 2011. The trend at least seems to be an upward direction. BUT WHOA now - wait a minute. We can’t forget that the state has moved the maximum allowable amount of federal stimulus money back, to use in FY 2010 and FY 2011. So fiscal year 2011 had better be good to carry us into the next fiscal year, 2012, when much of the federal stimulus funding will be long gone.

SHBP ANSWERS GSRA MEMBERS’ QUESTIONS

In response to your questions, we asked the Department of Community Health staff to comment about your concerns. Clarification from SHBP staff is provided below.

Turning 65 Reminders

The February 10, 2010 GSRA newsletter article about “Turning Age 65” outlined the State Health Benefit Plan process that occurs when retirees approach age 65. Some retirees encountered serious problems with the SHBP process. Some even had their SHBP coverage cancelled or experienced huge premium increases. The process outlined in the earlier GSRA newsletter article, also available on the GSRA website, is correct. We simply

caution you about your timely submission of information to the SHBP because of the time required to complete all SHBP processes—update SHBP records, notify the Employees or Teachers Retirement Systems, notify Medicare, and notify the vendor (UHC or CIGNA). The specific process is summarized on the next page.

Step/Time	Action
1. 4 months prior to retirees' 65 th birthday.	SHBP sends to the retiree a letter to explain the process.
2. Approximately 3 months prior to the 1 st day of the month in which the retiree reaches age 65	Medicare sends information about Medicare and a Medicare Card showing Part A and Part B coverage to become effective the 1 st day of the month in which you turn age 65, if you are receiving social security payments ¹ .
3. Retiree responds to the SHBP letter by sending A COPY of the Medicare Card <u>as soon as possible</u> .	As soon as you receive your Medicare card from Social Security, but NO LATER THAN THE 1ST OF THE MONTH BEFORE THE MONTH YOU TURN AGE 65 , send a copy of your Medicare card to SHBP.
4. If SHBP does not receive retiree's Medicare information 2 months before the retiree's 65 th birthday, SHBP sends a reminder letter to the retiree.	If you receive this letter and you <u>have</u> submitted your Medicare information, be sure to contact the SHBP. <u>If you have not submitted the information, you should forward it to the SHBP immediately.</u>
5. SHBP receives the copy of your Medicare Card.	SHBP updates eligibility system with Medicare Information and automatically enrolls you in the Standard MAP, unless you have requested another option .
6. SHBP notifies the Vendor (either United Health Care or CIGNA) that you are enrolling in the Medicare Advantage Plan.	The Vendor notifies Medicare that you are enrolling in the Medicare Advantage Plan.
7. SHBP notifies the ERS or TRS of your new premium to be deducted from your pension. ²	ERS has defined the deadline date by which SHBP must notify ERS of a change to the SHBP premium amount.
8. Medicare must approve/disapprove your enrollment.	Medicare notifies the Vendor of any action—approval or disapproval.
9. Vendor sends you a new ID card indicating the Medicare Advantage Plan.	If you don't receive your new ID card in a couple of weeks following submission to the SHBP, contact the SHBP.

¹ If you are retired but have not begun receiving social security payments, contact the Social Security Administration regarding Medicare at least 3 months before the 1st of the month in which you turn age 65.

² If the SHBP has added your Medicare information to the SHBP eligibility file, your premium will be changed to the subsidized premium for the vendor you have chosen for your current option; otherwise, your premium will be increased to the non-subsidized rate.

As you will note, there are several steps to be completed after you send a copy of your Medicare card to SHBP (steps 6-9). If you submit the Medicare information to the SHBP late, or for some reason the SHBP does not process the information correctly, you could have a substantially higher premium deducted from your pension.

Also, Medicare could refuse your enrollment or cancel your enrollment in the Medicare Advantage Plan for some reason. In some situations, retirees have tried to re-enroll in Medicare Part D (prescription drug plan) or a Medicare Supplement Plan—not understanding that Medicare does not allow either of these two actions in conjunction with MAP. Either of these actions on the retiree’s part will result in CMS declining your coverage, UHC (or CIGNA) cancelling your SHBP coverage, or the SHBP placing you in a non-subsidized premium option.

If CMS does not approve or cancels your MAP coverage and then retroactively reinstates you for MAP, you will be refunded any excess premium deducted from your pension payment. However, you must request the refund, which will be issued by the SHBP within 4 to 6 weeks after your refund request is received by the SHBP.

Provider Requirement

As previously communicated, a provider may choose to become a “deemed provider” and accept the MAP payment on each service or may choose to accept the MAP payment for any SHBP member and not another SHBP member, at the provider’s discretion. Therefore, you should make sure for each service that the provider will accept the MAP payment.

According to SHBP staff, if a provider chooses to provide covered services to a Medicare Advantage PFFS member in a non-emergency situation, that provider is obligated to accept the MAP payment for that specific service/visit. However, if the member is in need of emergency medical attention, the member should seek medical treatment at the nearest facility. Providers in these circumstances are not obligated to accept the MAP payment terms; however, emergency care is covered whether or not the provider agrees to accept MAP’s payment terms.

Prescription Drugs

The formularies for United Healthcare and CIGNA under MAP are different from those under other Medicare Part D prescription drug plans. Even though a specific drug may have been on Tier 1 or Tier 2 of your previous Part D plan formulary (even with UHC or CIGNA), the drug may now be listed under a different tier or may even be non-covered in MAP. For new MAP members, UHC and

CIGNA provided a “transition policy” that would allow the former covered drug for up to ninety days. During that time, the patient could ask his/her physician to change the drug or officially request an exception to the policy when other drug alternatives have been proven to be ineffective. These procedures are included in the “Evidence of Coverage” booklet that you received from the vendor, or you may contact CIGNA at 1.800.942.6724 or UHC at 1.877.246.4190.

CIGNA members have questioned the information on the Explanation of Benefits regarding the Medicare Part D “gap” limitation. The SHBP reports that members in MAP are not subject to the “gap”, but that CIGNA tracks all of its Medicare Part D contracts in the same way. **SHBP members are not subject to the “gap”** although a notice may appear on the EOB indicating that the “gap” or “donut hole” is applicable.

Provider Specialty Information

Physician offices request a \$20 or \$25 copay at the point of service, depending upon whether the physician specializes in primary care or specialty care. When the vendor pays the physician, UHC and CIGNA will reflect on the Explanation of Benefits the co-pay amount based on specialty information that has been given by the provider or that is shown on the Medicare national provider number website. If your primary care physician charges the specialty copay (\$25) instead of the primary care (\$20), and the EOB reflects the allowance of only \$20, you may ask the physician for a refund of the \$5. Of course, the physician office could also revise the specialty code with UHC or CIGNA—making the copay of \$25 correct.

Provider Training

As with any new statewide program, confusion in the provider offices can be experienced by the SHBP members. GSRA asked SHBP to explain what UHC/CIGNA are doing to train providers’ staffs. Their responses are reprinted as follows:

UHC has an extensive Private-Fee-For-Service (PFFS) provider outreach and education program before January 1, 2010. Providers are identified based on retiree claim history and routinely educated on the PFFS plan Terms and Conditions. Additionally, UHC has a dedicated team of provider specialists who educate providers daily upon member request. Upon receipt of a claim from a provider treating a PFFS member for the first time, UHC sends that provider an educational packet that

clearly outlines PFFS Terms and Conditions, Reimbursement Guidelines, and other PFFS reference material. UHC has also produced and mailed to all providers a State of Georgia Provider Administrative Guide, which can be viewed at www.unitedhealthcareonline.com/administrativeguides.

CIGNA Medicare Access (CIGNA PFFS) is a non-network plan; so many different approaches are being taken to help educate the providers within the State of Georgia. CIGNA has implemented provider support materials with multiple access points to information, and a dedicated Medicare Customer Service Team that can respond to provider concerns and questions. Communications/updates on CIGNA Medicare Access can also be found at www.cignaforhcp.com.

Provider Reimbursement

CIGNA and UHC are required to allow and pay the same amount (less any applicable copay or member share) as

original Medicare allows for the service. Some GSRA members have experienced what they believe to be a lesser amount allowed by the SHBP vendors. Although Medicare is scheduled to reduce the physician payment (allowable amount) in 2010, all services under MAP as of this date should be at the pre-MAP Medicare rates.

The SHBP will verify the procedure or interpretation thereof with the vendor when adequate information is supplied. You should forward the Medicare Explanation of Benefits (before 2010) and the vendor Explanation of Benefits (after 1/1/2010) to illustrate the issue. If you would like for GSRA to review the information with the SHBP, send the information to GSRA, PO Box 108, Bethlehem, GA 30620. You don't need to provide your personal identification numbers, but your phone number would be helpful.

GSRA LOCAL CHAPTER NEWS

Coosa Valley Area Chapter

Over thirty members of the Coosa Valley Area Chapter attended a general business meeting on March 31st at the Rome-Floyd County Library. The group celebrated GSRA's success in promptly responding to the Action Alert of March 13 that effectively knocked HB 1380 from the agenda of the March 15 House Appropriations Committee meeting. All are encouraged to continue watching for future Alerts on this bill or others. The possible impact of HB 1380 on ERS fund status and on individual benefits was discussed. The membership was reminded of the importance of individual members being informed and willing to contact their local Representative and Senator when legislation is proposed that would have an adverse effect on our retirement and health insurance benefits. The members voted to change our meeting schedule from quarterly meetings to three meetings per year, in April, September and December. Plans are to have speakers whenever possible and to host an annual reception at each December meeting for Senators and Representatives of the seven-county area. Of course, all GSRA members from any county are welcome at our meetings and are encouraged to attend. Please check

the online calendar at www.mygsra.com for the latest meeting information for the chapter.

Northwest Georgia Chapter

GSRA President Bobbie Jean Bennett will be the guest speaker at the Thursday, April 22 meeting of the Northwest GA Chapter, to take place at 1:00 pm at the Western Sizzlin' 501 Legion Drive (next to Lowe's), Dalton, GA. Potential chapter members in the area should receive a mailed invitation to this important meeting. Other interested parties should contact Ms. Cheryl Mathis, Membership Chair, at Mathis_cherylw@yahoo.com or 706 876-0061. Join us for an informative meeting with our President, who will answer some of our questions around the health insurance and retirement benefits that continue to come under attack.

A good group attended the March NW Chapter meeting where we formulated several questions about our retiree health insurance benefits, especially in the new Health Care Reform environment, in preparation for Ms. Bennett's visit at the next meeting. We continue to welcome new members and plan to increase our member recruitment efforts in the coming months.

Northeast Metro Chapter

Ernie Melton, President, Northeast Metro Atlanta Chapter, proudly displays his souvenir ball cap, purchased at the Gwinnett Braves Souvenir Shop where he recently dropped by to plan **GSRA Night at the Gwinnett Braves Game** on May 20.

“We have members bringing their spouses, their grandchildren and friends, and some are coming by themselves, but we are all expecting to have a fun night together ‘at the old (new) ball park.’ We were able to get a discount on the tickets, making them only eight dollars each for good seats!”

If you would like to join us, it is NOT too late to get tickets in the same section or very near the group’s tickets, which are already on order. Just send your check for \$8 per ticket, payable to: Ernest Melton, 568 Dogwood Drive, Lawrenceville, GA 30046, **before May 5th.**

The Gwinnett Braves, the Triple-A affiliate of the Atlanta Braves, moved into their new Gwinnett County stadium just last year. This is their second season in Gwinnett.

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Membership Committee

Georgia State Retirees Association

PO Box 108

Bethlehem, GA 30620

GSRA President Presents Comments at DCH Public Hearing

GSRA President BJ Bennett presented the following comments to the Department of Community Health legal staff on March 31st regarding the proposed regulations changes for the State Health Benefit Plan.

As President of the Georgia State Retirees Association I appreciate the opportunity to present comments on behalf of our active and retired members. Let me first say that GSRA members considers the State Health Benefit Plan to be one of the most important benefits available to active and retired members. Those of us who are retirees worked for many years with the promise of coverage after

retirement and recognize the importance of health insurance coverage. We also recognize the complexity of the health benefit field in today’s environment and thank the staff for their dedication to the Plan.

Having been involved with the management of the SHBP at its inception, I have a unique perspective about the development, implementation and many modifications

of the Plan over 30 years. I was around when the stated objective of the framers of the relative code sections in Title 45 and Title 20 was to provide a health insurance plan that fosters the ability of state and school system employers to select and maintain a competent and stable workforce. The legislation authorized the Board of Community Health as successors to the State Personnel Board to create health insurance plans that provide financial security for employees and retirees when medical care is needed. In order to explain my comments today, I first highlight those provisions of the relevant code sections that establish the policy-making responsibilities of the board. They are:

- To establish and design a health insurance plan,
- To adopt rules and regulations for the plan's administration,
- To establish the employee's (retiree's) cost of coverage, and
- To establish the employer's portion of the cost of coverage as approved by the Governor as funds become available through the appropriation process.

The law further defines the function of the Commissioner as the executive officer of the Board for the administration of the article, including being the custodian of all funds collected and expended on behalf of the plans.

I have not quoted the specific code sections since I know that you are quite familiar with the law and rulings. All of our comments are based on our interpretation of the responsibilities specifically stated in several sections of Title 45, Chapter 18 and Title 20, Chapter 2.

Over the years, the Board has adopted rules and regulations that further define most of the policies by which the plan is administered, including the Commissioner's responsibility to administer the SHBP consistent with applicable law, Board regulation and policy.

However, it is clear that—the Board has adopted employee and retiree premiums to implement announced policies that, GSRA believes, have not been included in the Board's official rules and regulations. The announced policies are:

- Requiring all Medicare-eligible retirees to pay 100% of premium costs for any plan options other than the Medicare Advantage Options;
- Limiting the options available to active employees employed after January 1, 2009; and
- Paying any Medicare Part B late enrollment penalty from the trust fund on behalf of the retiree when a retiree age 65 and older enrolls in Medicare Part B.

We recognize that the Board may establish a rule authorizing the Commissioner to administer the plan

according to the above policies; however, GSRA believes that the Board has not formally adopted such rule or regulation. By not adopting rules to implement the policies, all comments from member and employer agencies' are limited to complaints after the fact, without any opportunity for rebuttal. Regardless of how many times implementation of a new policy is announced or that the budget request is based upon such policy, GSRA believes that the Board is required by law to adopt the policy *by rule*, and then approve the premium rates at a level commensurate with the funds appropriated to the various employers of plan members.

Having commented on policies that are not included in the rules, I will now comment on the proposed changes to Rule 111-4-1-.10 Plan Benefits. Georgia Code, Titles 45 and 20, provide that the health insurance plan shall be "DESIGNED" by the board to incorporate specific relationships and reasonable controls.

The change in 111-4-1-.10(1) eliminates the requirement that the Board DESIGN the plan and instead requires only the Board's approval of employee/retiree premium rates for a schedule of benefits. The plan design or schedule of benefits (or even a summary thereof) apparently will not be presented to the Board for approval.

GSRA believes that the Board is required by law to formally approve the major design features of the schedule of benefits. In addition to the Board formally approving the plan features, we request that the schedule of benefits (as approved) be made available, upon request, to plan members and employing entities. GSRA also suggests that the Commissioner be authorized by Rule to refine plan design language that is not in conflict with the schedule of benefits, that the approval resolution be recorded in the Board's minutes and that the SHPB enrollment material display the date of the Board's design and rate approval. When the approval date is printed on the material, any member or employing entity may then review the specific approvals. This type of transparency and openness is common in publicly administered programs.

GSRA recognizes that the benefit schedules for the Medicare Advantage options must be in compliance with the vendor contract and the regulations of the Centers for Medicare and Medicaid Services (CMS). However, the Commissioner is empowered by law and rule to solicit the best benefits that are available for a contract price within the available trust fund monies. GSRA believes that based upon the law's requirement for the Board to DESIGN the plan, the Board is obligated to formally approve the major features of the benefit schedule.

In case these comments are unclear regarding the proposed rule changes, we have provided language (*not included in this newsletter*) that would accomplish our request regarding rule 111-4-1-.10. We have not suggested language to accomplish the requests regarding policies implemented on July 1, 2009 and January 1, 2010 for which no Rule has been approved by the Board. We acknowledge that the suggestions regarding the July and January policies are not included in the Department's proposed changes and are not the subject of this hearing. However, we bring these suggestions to you in the spirit of

transparency—having no way to formally address our concerns to the Board.

Action Taken by the Board of Community Health: On April 8, 2010, the DCH staff presented the proposed regulations for final adoption as DCH proposed. Clyde Reese, Chief Legal Officer, stated that the Board was furnished with GSRA comments but that the staff opines that the “commenter” had misinterpreted the DCH intent in amending the rules. Reese stated that the DCH staff is always concerned about transparency and it is the staff's intent to provide information to the Board in a transparent fashion. *The Board approved the regulations as proposed.*

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GSRA, PO Box 2391, Newnan, GA 30264

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GSRA, PO Box 108, Bethlehem, GA 30620

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ERS Board of Trustees 2010 Meetings

June 17 –All 7 Systems Annual Meetings held in succession beginning at 10 a.m. with ERS scheduled last.

**August 19, October 21, and December 16
10:30 a.m.**

ERS Conference Room

Two Northside 75, Atlanta, GA 30318

Call 404 350-6300 for more information

or visit www.ers.ga.gov

TRS Board of Trustees 2010 Meetings

**May 26, July 21, Sept. 22 and Nov. 17
10:30 a.m.**

TRS Conference Room,

Two Northside 75, Atlanta, GA 30318

Call 404 352-6500 for more information

or visit www.trsga.com