

TO: Clerk of the DeKalb County Pension Board
% DeKalb County Finance Department, Risk Management and Employee Services Division
1300 Commerce Drive, 4th Floor
Decatur, Georgia 30030
(404) 371-2296 **fax: (404) 371-4992**

FROM: _____
(Full Name of Employee)

Employee ID: _____ Date of Birth: _____

Department: _____

Last Date of Employment: _____

For employees hired before September 2005: I acknowledge that I understand employees with less than 3 years of qualifying service with the County have no eligibility for a DeKalb County pension. Employees with 3 to 10 years of qualifying service may qualify for a pension at age 65, and employees with 10 or more years of qualifying service may apply for early retirement after reaching age 50 or normal retirement after reaching age 55.

For employees hired after August 2005: I acknowledge that I understand employees with less than 7 years of qualifying service with the County have no eligibility for a DeKalb County pension. Employees with 7 to 10 years of qualifying service may qualify for a pension at age 65, and employees with 10 or more years of qualifying service may apply for early retirement after reaching age 55 or normal retirement after reaching age 62.

I also acknowledge that I understand that without written instructions from me, my employee pension contributions will be refunded to me at my address of record, and I will lose all eligibility for future pension.

I understand that if I am rehired by the County, I may repay the refunded contributions, plus interest, by applying to do so within six (6) months of rehire and by repaying the funds in installments over a period not to exceed twenty-four (24) months.

(Persons who wish to elect a different option must initial any one of the following sentences.)

_____ **Do not refund the employee contributions if I am eligible for a pension at a future date.** I currently plan to retire at age _____. (You must complete the age but may change it by sending a written request at any time. You may change your mind and withdraw contributions any time before receiving pension benefits.)

_____ **Do not mail the refund check to my home address of record;** instead, mail it to:

Name: _____

Address: _____

City/State/ZIP: _____

_____ **Hold the check for me to pick up.** NOTE: Checks are available at the Pension Administration Office, Manuel J. Maloof Building, 4th Floor, 1300 Commerce Drive, on the first workday after the 15th of the month, 60 to 90 days after your termination date. Please call

me at (_____) _____ when the check is ready for me to pick up.

Signature: _____ Date: _____

Attach this form to the termination documents, and forward under normal procedures, if possible.