



City of Atlanta

Retirement Checklist

Congratulations on your retirement! The following checklist will help guide you through the process of completing your paperwork for a successful retirement. It is our goal to make this process an easy transition. To continue your benefits as a Retired City of Atlanta Employee, you must follow the steps listed below. After each step is completed, the person(s) completing that phase of the process will sign and date this form. You will then be instructed on where to go for the next step in this process.

EMPLOYEE NAME

ID#

DATE OF RETIREMENT



STEP 1: (3 months before retirement) Contact City of Atlanta Pension Center

Phone (888) 594-0216 or email coapension@sba-inc.com

- Request pension estimate
- Request and complete Retirement Application at least 2 months before retirement. Include:
 - Copy of your birth certificate or other proof of age (driver's license or passport)
 - Copy of your marriage certificate or certificate of domestic partnership
 - Copy of proof of age for your spouse or registered domestic partner
 - Copy of proof of age for your other beneficiaries
 - Voided check or other bank documentation (if you are doing direct deposit)
- Make a copy of your Retirement Application for your records and mail original to:
City of Atlanta Pension Center, 2472 Jett Ferry Road, Suite 400-410, Atlanta, GA 30338



STEP 2: (1 month before retirement) Meet with Departmental HR Representative/Payroll Clerk

- Review the City of Atlanta Retirement Checklist
- Review the City of Atlanta Retirement Clearance Package with employee
- S.A.V.E. Affidavit (HR rep to fax or email copy to City of Atlanta Pension Center)
Fax (866) 201-5033 or email coapension@sba-inc.com
- Complete Payroll Change

PROCESSED BY

DATE

PHONE



STEP 3: Contact the Insurance Division at 404-330-6036

Insurance Exit Interview (required for retiree benefits enrollment)

- Explanation of benefits (Medical & Life Insurance)
- Complete Life Insurance Enrollment Form
- Complete Retiree Health Benefits Enrollment Form

PROCESSED BY

DATE

PHONE

For last names: A-D (Jenelle Bonds) E-K (Angela Pierson) L-R (Kokeb Abazenab) S-Z (Shakedra Blunt)

FORM #1: APPLICATION FOR RETIREMENT



CITY OF ATLANTA PENSION CENTER
2472 Jett Ferry Rd, Ste 400-410
Atlanta, GA 30338
Phone: (888) 594-0216
Fax: (866) 201-5033

Pension Plan: Board of Education
 Fire
 General Employees
 Police

Expected Benefit: Normal Retirement
 Early Retirement
 Vested Retirement
 Disability (in the line of duty)
 Disability (not in the line of duty)

PARTICIPANT INFORMATION

Full Name: _____ Date of Birth: _____
SSN: _____ Hire Date: _____
Street Address: _____ Department: _____
City, State Zip: _____ Last Day of Work: _____
Phone Number: _____ Retirement Date*: _____
Email Address: _____

*No earlier than the day after your last day of work

SPOUSE/REGISTERED DOMESTIC PARTNER (DP) INFORMATION

Are you married or in a registered domestic partnership? Yes No

If yes, provide the following: Spouse/DP's Full Name: _____
Spouse/DP's SSN: _____
Spouse/DP's DOB: _____

CONTINUITY OF SERVICE

Do you plan to: take a vacation to run out your accrued vacation time, or take a lump-sum payout

Has service been continuous? Yes No If no, explain: _____

Are you currently paying 'back pension' in order to buy back service? Yes No

Have you ever had a break in employment due to military service? Yes No

If yes, did you buy back any service within 2 years of returning to work? Yes No

I hereby certify that the above facts are true and correct. Affirmed and subscribed before me this _____ day of _____, _____.

Notary's Signature

Applicant's Signature

Notary stamp or seal:

FORM #2A: BENEFICIARY DESIGNATION FORM



CITY OF ATLANTA PENSION CENTER

2472 Jett Ferry Rd, Ste 400-410

Atlanta, GA 30338

Phone: (888) 594-0216

Fax: (866) 201-5033

Pension Plan: Board of Education
 Fire
 General Employees
 Police

Please indicate why you are completing this form: I am a new hire
 I am retiring
 I have had a change in spouse, registered domestic partner, or child

Employee's Name: _____ SSN: _____
Street Address: _____ Date of Birth: _____
City, State Zip: _____ Phone: _____

Are you married or in a registered domestic partnership (DP)? Yes No
If yes, provide the following: Spouse/DP's Name: _____
Spouse/DP's SSN: _____
Spouse/DP's Date of Birth: _____

Do you have children (of any age)? Yes No If Yes, list them below: (attach sheet if necessary)

Child's Full Name: _____	Child's Full Name: _____
Child's SSN: _____	Child's SSN: _____
Child's Date of Birth: _____	Child's Date of Birth: _____
Child's Full Name: _____	Child's Full Name: _____
Child's SSN: _____	Child's SSN: _____
Child's Date of Birth: _____	Child's Date of Birth: _____

Please provide a Designated Beneficiary that is not your spouse or your child: Designated Beneficiary's Name: _____
Designated Beneficiary's SSN: _____
Designated Beneficiary's Date of Birth: _____

YOU MUST CHOOSE ONE OF THE FOLLOWING OPTIONS:*

*If you are Board of Ed (OR if you are General/Fire/Police hired before 9/1/2011), this designation applies to the monthly benefit due to spouse/minor children upon your death (or your refund if no monthly benefit is due). If you are General/Fire/Police hired after 9/1/2011, this designation only applies to your refund of contributions.

- Upon my death, please distribute my pension benefits to my spouse (or registered DP). If I am not married or my spouse (or registered DP) is deceased, please distribute in equal shares to my children. If I have no spouse (or registered DP) or children at death, distribute to my Designated Beneficiary. (Please note that only minor children will be eligible for monthly benefits).
- Upon my death, please distribute my pension benefits a different way. (If you choose this option, YOU MUST request and complete the Supplemental Beneficiary Designation Form.)

Employee's Signature: _____ Date: _____

FORM #3: DIRECT DEPOSIT AUTHORIZATION



CITY OF ATLANTA PENSION CENTER
2472 Jett Ferry Rd, Ste 400-410
Atlanta, GA 30338
Phone: (888) 594-0216
Fax: (866) 201-5033

This form must be returned with a voided check or documentation provided by your bank that includes your routing and account number. We CANNOT process this form without one of these documents.

Pension Plan: Board of Education
 Fire
 General Employees
 Police

Supporting Documentation: Voided Check
 Other Bank Documentation

PARTICIPANT INFORMATION

Full Name: _____

Bank Name: Atlanta Credit Union

SSN: _____

Other: _____

Street Address: _____

City, State Zip: _____

Account Type: Checking Savings

Phone Number: _____

Routing #: _____ (9 digits)

Email Address: _____

Account #: _____

Please update my address as indicated above

ALTERNATE ACCOUNT

Amount to be deposited in alternate account: _____

Bank Name: Atlanta Credit Union

Account Type: Checking Savings

Other: _____

Routing #: _____ (9 digits)

Account #: _____

Whereby I authorize the Pension Fund Administrator to deposit my net pay to my account(s) at the above-named bank(s) or financial institution(s). I also authorize the Pension Fund Administrator to adjust any over/under deposit made to my account(s). I will not hold my bank(s) or financial institution(s) liable for any erroneous deposit or subsequent payroll adjustment by the Pension Fund Administrator, and I agree that the bank(s) or financial institution(s) listed above may treat each such deposit as if it were deposited by me in person.

Signature

Date

FORM #4: TAX FORM



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2472 Jett Ferry Rd, Ste 400-410

Atlanta, GA 30338

Phone: (888) 594-0216

Fax: (866) 201-5033

PARTICIPANT INFORMATION

Pension Plan:

- Board of Education
- Fire
- General Employees
- Police

Full Name: _____

SSN: _____

Street Address: _____

City, State Zip: _____

Phone Number: _____

Email Address: _____

FEDERAL WITHHOLDING

1	<input type="checkbox"/> Check here if you do not want any federal income tax withheld from your pension or annuity. (NOTE: If you check this box, do not complete lines 2 or 3.)		
2	<input type="checkbox"/> Check here if you want federal tax withheld from each pension or annuity payment based on the number of allowances and marital status listed here. (NOTE: You may also designate an additional dollar amount on line 3.) <small>For help determining your allowances, complete the Personal Allowances Worksheet found on page 4 of IRS Form W-4P.</small>	Marital status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Married, but withhold at higher single rate	_____ (# of allowances)
3	<input type="checkbox"/> Check here if you want an additional amount withheld from each pension or annuity payment. (Note: Enter an amount here only if you completed line 2.)		\$ _____

STATE WITHHOLDING

0	Please indicate your state of residence.		_____
1	<input type="checkbox"/> Check here if you do not want any state income tax withheld from your pension or annuity. (NOTE: If you check this box, do not complete lines 2 or 3.)		
2	<input type="checkbox"/> Check here if you want state tax withheld from each pension or annuity payment based on the number of allowances and marital status listed here. (NOTE: You may also designate an additional dollar amount on line 3.) <small>For help determining your allowances, complete the Personal Allowances Worksheet found on the Withholding Certificate for Pension or Annuity Payments for the state in which you reside.</small>	Marital status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Head of Household	_____ (# of allowances)
3	<input type="checkbox"/> Check here if you want an additional amount withheld from each pension or annuity payment. (Note: Enter an amount here only if you completed line 2.)		\$ _____

Signature _____

Date _____



O.C.G.A. §50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a City of Atlanta Pension Refund, Withdrawal, Hardship or other public benefit as referenced in O.C.G.A. §50-36-1, I am stating the following with respect to my application for a City of Atlanta public benefit:

For: _____
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

- 1). _____ I am a United States citizen.
- 2). _____ I am a legal permanent resident of the United States.
- 3). _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. §50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can be best classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20__.

NOTARY PUBLIC
My Commission Expires: _____