



Georgia Municipal Employees Benefit System (GMEBS)

The Burgess Building

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Salary Sheet

Final Average Earnings information is required by the GMEBS Retirement Fund in order to calculate an estimated retirement benefit for the following terminated vested participant. (Note: *If the participant is an elected official, Earnings are not needed to calculate the official's benefit. However, please list the official's date of termination or date the official vacated office*). Please note addresses are required for employees and officials.

Employer: _____ SS#: _____

(1) Participant: _____

(2) Date of Hire: _____ Termination Date: _____

(3) Last known Mailing Address:

(4) Please provide below all periods of employment of the Participant with current Employer:

<u>First Period of Employment</u>	<u>Second Period of Employment</u>
From: _____ To: _____	From: _____ To: _____
<u>Third Period of Employment</u>	<u>Fourth Period of Employment</u>
From: _____ To: _____	From: _____ To: _____

IMPORTANT INFORMATION: Based on terms of your retirement plan please provide below the 5 years or 3 years (whichever is applicable under your Adoption Agreement) highest consecutive years of Earnings. Unless otherwise specified in an Addendum to your Adoption Agreement, Earnings means total gross earnings paid to a participant by the Employer, as reflected in the Employer's payroll records. (See Master Plan Section 2.24). **Please complete the table below. You should contact GMEBS office and speak to a Retirement Benefit Analyst for information on how the Participant's earnings should be recorded if you have any questions.**

ENTER START AND END DATE OF EACH PERIOD OF EARNINGS BELOW	EARNINGS	NOTATIONS ONLY IF NEEDED
Start: ____ / ____ / ____ End: ____ / ____ / ____ <small>MM DD YYYY MM DD YYYY</small>	\$	
Start: ____ / ____ / ____ End: ____ / ____ / ____ <small>MM DD YYYY MM DD YYYY</small>	\$	
Start: ____ / ____ / ____ End: ____ / ____ / ____ <small>MM DD YYYY MM DD YYYY</small>	\$	
Start: ____ / ____ / ____ End: ____ / ____ / ____ <small>MM DD YYYY MM DD YYYY</small>	\$	
Start: ____ / ____ / ____ End: ____ / ____ / ____ <small>MM DD YYYY MM DD YYYY</small>	\$	
Start: ____ / ____ / ____ End: ____ / ____ / ____ <small>MM DD YYYY MM DD YYYY</small>	\$	
Total of above lines:	\$	
FINAL AVERAGE EARNINGS: (divide total by 5 or 3 years, as applicable)	\$	

I hereby certify that the final average earnings reported on this salary sheet are accurate and determined in accordance with the terms of the Employer's defined benefit retirement plan (Master Plan, Adoption Agreement, and Addendum if applicable).

Date

Signature of Pension Committee Secretary