CLAYTON STATE UNIVERSITY

Georgia Defined Contribution Plan Acknowledgment

Instructions: (Temporary or Part-time Employees Only)

Prior to beginning work, please complete and return this form to the Department of Human Resources as part of your new hire paperwork.

As a temporary employee of Clayton State University, you are REQUIRED by Georgia law to participate in the Georgia Defined Contribution Plan in lieu of participating in the federal Social Security program. Members of the Georgia Defined Contribution Plan pay Medicare Tax but do not pay Social Security Tax. Members contribute seven and one-half percent (7.5 %) of their gross salary to the plan through payroll deductions.

Once you receive your first check from Clayton State University you will receive a welcome letter from the retirement system. The letter will explain how to access your account and designate your beneficiary.

Upon completion of your temporary or part-time position, you must complete a GA Defined Refund Form (paper or online at www.ers.ga.gov) in order to receive a refund of your contributions. Once we receive the request to terminate your position from your department, the form will be processed. It will take approximately 6- 8 weeks from the date we process the request to receive the refund check. Read more about the plan at *http://www.clayton.edu/Portals/24/docs/GDCP-brochure.pdf.*

GEORGIA DEFINED CONTRIBUTION PLAN (GDCP)
Effective July 1, 1992, the Georgia Defined Contribution Plan was created by the 1992 Georgia Law, Act 996. The plan provides a retirement system for temporary, seasonal, and part-time (less than 50%) employees of the Board of Regents of the University System of Georgia, who are not eligible for membership in the Employees Retirement System of Georgia, the Teachers Retirement System of Georgia, or the Optional Retirement Plan. Eligible participating employees contribute a set percentage of gross salary to the plan through payroll deductions. This amount is deposited into each member's account.

I have read and understand the above requirements:

Employee Signature: _____ Date: _____