

Metropolitan Atlanta Rapid Transit Authority

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## Non-Represented Pension Calculation Request Form

Name:	
Address:	
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MARTA e-mail	address
Employee ID #:	
Date for Calculat	ion: (Please provide a date within 5 years of
today) If a date is not	provided, your calculation will be based on current benefit options.
Today's Date:	
Do you have Uni	on Service after January 1, 2005? Y/N Transfer date:
	yrs mos. of buyback/portability service.  employee that paid back pension contributions or purchased service from a local
	culation for the employee only will be provided within <b>14</b> days from the has been received in Retirement Benefits. Please choose <b>one</b> method of
	The address indicated above
	Will pick up when completed Phone/Ext:
	MARTA e-mail address

Please limit calculation requests to 2 per year.