NOTICE OF RETIREMENT

MARTA Non-Represented Pension Plan

☐ **Normal Retirement (Age 62)** ☐ **Early Retirement** ☐ **Disability Retirement**

_____ _____
Name of Employee *(Please Print)* Social Security Number

_____ _____ _____ _____
Street Address City State Zip Code

Date of Birth: _____ Phone Number: _____

Date Employed w/MARTA: _____ Eligibility Date: _____

Employee Location: _____ Employee ID#: _____

* Last Day of Work: _____ ***(Employee must be separated from active service no later than the last day of the month preceding the effective retirement date).***

Has service been continuous? ☐ Yes ☐ No
(Have you terminated/retired and was rehired)?
If no, please explain _____
_____
_____

Name of Spouse: _____

Spouse Date of Birth: _____ Spouse Social Security #: _____-_____-_____

*I hereby certify that the above facts are true and correct and I apply for retirement effective: _____

_____ _____
Employee's Signature Date

_____ _____
Signature of Supervisor Date

Please submit **original** to:
Retirement Benefits
2424 Piedmont Road, NE
Atlanta, GA 30324

Submit **copy** to:
Payroll
Attention: S. Leaphart
2424 Piedmont Road, NE
Atlanta, GA 30324

(REV: 07/10/09)