



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