

## PENSION COMMITTEE

**[Please designate members by position. If not, members of Pension Committee shall be determined in accordance with Article XIV of Master Plan]**

- Position: **Chairperson of the Board of Commissioners or Commissioner designee**  
Position: **City Manager**  
Position: **City Attorney**  
Position: **One (1) active Employee Participant to be appointed annually by the Board of Commissioners**  
Position: **One (1) retired Participant to be appointed annually by the Board of Commissioners**

Pension Committee Secretary: **Human Resources Director**  
Address: **P.O. Box T, 231 Solomon St., Griffin, Georgia 30224-0046**  
Phone: **(770) 229-6425**  
Facsimile: **(770) 229-6630**  
E-mail:

## TYPE OF ADOPTION

This Adoption Agreement is for the following purpose (**check one**):

- ☐ This is a new defined benefit plan adopted by the Adopting Employer for its Employees. This plan does not replace or restate an existing defined benefit plan.
- ☒ This is an amendment and restatement of the current GMEBS defined benefit plan or other defined benefit plan of the Adopting Employer.
- ☐ This is an amendment of the Adoption Agreement previously adopted by the Employer (**please specify type below**):
- ☐ This is an amendment to change one or more of the Adopting Employer's benefit design elections in the Adoption Agreement.
- ☐ This is an amendment to add a new Department or a new class of Eligible Employees (**If this box is checked, special addendum must be requested from GMEBS to be completed as part of amendment**).
- ☐ This is an amendment to discontinue participation in the Plan by one or more Departments or classes of Employees (**If this box is checked, special addendum must be requested from GMEBS to be completed as part of amendment**).
- ☐ Other (**please specify**): \_\_\_\_\_