

# How to request a GDCP refund

## ■ Instructions for the employee:

Complete Section 1 of the attached *Application for Refund of Contributions form*:

1. Print your name and the address to which you want your check delivered
2. Be sure to include your Social Security number

Complete Section 2:

3. Be sure to sign and date the form

4. Send the completed form to UGA Human Resources, 215 S. Jackson St., Athens, GA 30602

You should receive your GDCP refund check approximately 90 days after you receive your last paycheck from UGA . If you have not received your refund within 90 days of your final UGA paycheck, you may wish to contact the GDCP office at 404-603-5688.

**Questions? Phone: (706) 542-2222 • Email: [benefits@uga.edu](mailto:benefits@uga.edu)**



APPLICATION FOR REFUND OF CONTRIBUTIONS - GDCP

- 1. Please print or type clearly.
2. Send this form to your supervisor. Do not send to Georgia Defined Contribution Plan (GDCP).
3. If the taxable portion (interest earned) of your refund is less than \$200.00, GDCP will withhold federal income tax. Typically the rate is 30%, or if you are over 59 1/2, the withholding rate is 20%.
4. If the taxable portion (interest earned) of your refund is more than \$200.00, GDCP is required to withhold federal income tax unless you directly roll over the taxable portion to another eligible retirement plan. You will be notified by GDCP if this applies to you.
5. Refunds include accumulated employee contributions and credited interest earnings (if any).
6. Upon receipt of refund application in this office, please allow 8 weeks for processing.

SECTION 1 - MEMBER INFORMATION

Name (Last, First, MI, Maiden) SSN
Mailing Address (Street, City, State, Zip)
Date of birth Email: Daytime Phone No:

State Agency/Department/School System/Unit of the Board of Regents in which you were employed: The University of Georgia

SECTION 2 - MEMBER SIGNATURE

I understand that by receiving this refund, I waive all rights to benefits accrued from this system.

Member Signature: Date:

Mail this completed, signed form to: GDCP, UGA Human Resources Bldg., 215 S. Jackson St., Athens GA 30602

SECTION 3 - HR USE ONLY

Termination date: Last payroll deduction:
Salary: \$ Contributions: \$ for

I certify that this employee has terminated employment, and that the total salary and contributions listed above are for the month of termination.

HR officer signature Date

Agency # 518

Telephone: 706-542-2222

Email address: benefits@uga.edu