

**GENERAL ADDENDUM TO THE
GEORGIA MUNICIPAL EMPLOYEES BENEFIT SYSTEM
DEFINED BENEFIT RETIREMENT PLAN
ADOPTION AGREEMENT**

This is an Addendum to the Adoption Agreement completed by the City of Powder Springs, Georgia as follows (complete one or more sections, as applicable):

*** Items (1) through (14) of General Addendum – Not Applicable***

- (15) **Other** (may include, but shall not be limited to, provisions relating to Master Plan Sections 6.03, 6.06, 8.04, 8.06, 8.08, 8.09, 8.10, 8.12, 9.01 and 9.02):
- (a) **Normal Retirement Qualifications; Elected or Appointed Members of Governing Authority** - Notwithstanding any provision of the Master Plan or Section 14 of the Adoption Agreement to the contrary, in addition to attaining age 65, an elected or appointed member of the Governing Authority who is first elected or appointed to such office on or after October 1, 2009 shall be required to complete eight (8) years of Total Credited Service or two full terms, whichever is less, to qualify for Normal Retirement. Credited Service as an Eligible Regular Employee shall be credited for purposes of meeting this requirement.
 - (b) **Plan Inapplicable to Persons Who Terminated Employment Prior to July 1, 2002; Effect of Reemployment** - Notwithstanding any provision of p. 37 of the Adoption Agreement to the contrary, except as otherwise specifically required by law or by the terms of the Master Plan or Adoption Agreement, persons whose employment or term of office with the City was Terminated for any reason whatsoever prior to July 1, 2002 shall have no right, title, or interest in the Plan unless they become reemployed by the City, in which case their rights and obligations shall be governed by such Plan, if any, as it exists and is in effect upon their reemployment.

The terms of the foregoing Addendum to the Adoption Agreement are approved by the Mayor and Council of the City of Powder Springs, Georgia this _____ day of _____, 20____.

Attest:

**CITY OF POWDER SPRINGS,
GEORGIA**

City Clerk

Mayor

(SEAL)

Approved:

City Attorney

The terms of the foregoing Addendum are approved by the Board of Trustees of the Georgia Municipal Employees Benefit System.

IN WITNESS WHEREOF, the Board of Trustees of the Georgia Municipal Employees Benefit System has caused its Seal and the signatures of its duly authorized officers to be affixed this _____ day of _____, 20____.

**Board of Trustees
Georgia Municipal Employees
Benefit System**

(SEAL)

Secretary