IntroductionNew Member Enrollment

Form Last Revised: February, 2020

The New Member Enrollment Form allows a newly hired employee to apply for membership in a public retirement system. The form must be completed by any new employee regardless of his or her past employment with any governmental entity. Certain information on this form must be provided by the Payroll/Personnel Department and verified by the retirement board.

A new member must also complete the *Beneficiary Selection Form for Refund of Accumulated Deductions* and, if applicable, the *Beneficiary Selection Form (Option D)*.

Form Last Revised: February, 2020

Name: Social Security # (Entire #): Street Address: City/Town: Birth/Former Name (if different) Date of Birth*: Mai	rst Name:. Phone #: State: rital Status: use's DOB:	Single	ip Code: Fax: M. Se Z Cod Email:	x:		
City/Town: Telephone: Employee Information Employee Last Name: Social Security # (Entire #): Street Address: City/Town: Birth/Former Name (if different) Date of Birth*: Spouse's Name: Spo	Phone #: State: rital Status: use's DOB:		M. Se Z Cod Email:	x: ip e:		
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Name (if different) Date of Birth*: Spouse's Name: Your Retirement Board will request a copy of birth record	use's DOB:	Single		Widowed		
Spouse's Name: Spo Your Retirement Board will request a copy of birth record	use's DOB:	Single	Married	Widowed		
Your Retirement Board will request a copy of birth record					Divorced*	
Your Retirement Board will request a copy of birth record				# of Children:		
Current/Prior Retirement System Member List prior or current public retirement system men Are you retired from any other Massachusetts	nbership:	ement syste	·m?	YES	NO	
		•		VEC	NO	
Were you ever a member of any other Massac	inusetts pubi	nc reureme	nit system?	YES	NO	
List prior or current public retirement system members	hip:					
	1	DATES OF I	MEMBERSHIP	ARF YOU	ARE YOUR FUNDS STILL ON DEPOSIT?	
SYSTEM	Fro	om:	To:			
				YES	NO	
				YES	NO	
				YES	NO	
If you wish to purchase past creditable service, please ask yo	ur Retirement B	Board about y	our options.			
Did you ever work for or do you currently wo political subdivisions for which you were not a retirement system?				YES	NO	

4b	First Name:		SSN: ***	_**_		
lember Last Name:	This Nume.		3314.			
Other Public Employment in Mas	ssachusetts					
List prior or current public employment		ts political subdivisi	ions (Nor	n-membersh	hip	
FMP	EMPLOYER			To:		
LIVII	LOTER	From	10	10.		
V						
Veteran Status	eran Status		DATES OF ACTIVE SERVICE			
Are you a veteran?	es NO	From:	To	o:		
If YES , please enter dates of service and						
military discharge papers, Forms DD-214, DD-215, DD NGB 22, or NGB 22A.	14, DD-215, DD-256,					
I hereby authorize the Treasurer to withhold the deposit such deductions to my credit in the arinterest as provided by law, will be returned to position which would entitle me to become a other conditions apply. In the event that I die OR a refund of my accumulated total deduction	nnuity savings fund. I understand o me upon my written request if member of any other contributo before retiring, my named benef	d the full amount of su terminate my service, ry retirement system i	ich deduct , unless I p n the Com	ions, with reg lan to accept monwealth o	gula t a or	
I sign this application under the penalties of p complete and accurately presented. I underst my benefits as well as civil and criminal penalt	and that giving false or incomple					
Applicant's Signature:						
Print Employee's Name:						
		Date:				

Member Last Name:

Payroll/Personnel Department
To be completed by Payroll/Personnel Department and verified by Retirement Board:
Check base rate to be deducted for retirement: 5% 7% 8% 9% Additional 2%
If 5%, 7%, or 8%, state reason:
Current Rate of Regular Compensation per Pay Period: \$
Employment Status (Check ALL that apply):
Permanent Temporary Full-time Part-time 50% 75% Other:
Agency/Dept: Title/Position:
Starting Date of Present Position:
Authorized Signature: Date:
Print Name:
Retirement Board
To be completed by Retirement Board:
Membership Date: Annual Regular Compensation: \$
% to be Deducted Current Group Classification:

First Name:

The member should also complete the *Beneficiary Selection Form (Refund)* or if applicable, the *Beneficiary Selection Form (Option D)*.