



WELCOME!

The Watertown Contributory Retirement System

Dear Town of Watertown Employee:

By law, as a permanent employee of the Town of Watertown, working a minimum of 20 hours per week, you are required to become a member of the Watertown Contributory Retirement System.

Enrollment is a benefit and an important part of your financial future. This is the Town of Watertown's retirement plan. As an eligible member, you will make contributions to the retirement system's pension fund. *Your department's payroll clerk will begin taking deductions from your salary on the date you are eligible for membership.

Your deductions will then be posted to an individual annuity savings account in your name for your retirement. At the end of every calendar year, you will receive a statement showing the balance of your contributions and accumulated interest.

The information requested on the attached New Member Enrollment Form is required in order to establish your annuity savings account. Accordingly, please read the instructions carefully and complete the entire form. It is very important that you provide complete and accurate information.

After you have completed the form, it must be submitted to the retirement office along with a copy of your Birth Certificate.

Please do not hesitate to contact the retirement office at 617-972-6456 with any questions or concerns you may have pertaining to the enclosed information or your retirement benefits in general; or if you would like to obtain a copy of the Public Employee Retirement Administration Commission's (PERAC) Public Employee Retirement Guide; Guide to Disability or Guide to Survivor's Benefits.

The Board and staff of the Watertown Contributory Retirement System welcome you and wish you a long and satisfying career with the Town of Watertown.

***IMPORTANT:** *If your retirement contributions to the retirement system do not correspond with the effective date of membership, you will be required to pay the system any amounts not withheld. Please verify that your payroll check stubs reflects the appropriate contribution rate of 'TOWN' deductions.*

Administration Building • 149 Main Street • P.O. Box 199 • Watertown, MA 02471-0199

TEL (617) 972-6456 • FAX (617) 923-3531 • Toll Free # (888) 972-6456 • website: www.watertownretirement.com

New Member Enrollment Form

Form Last Revised: October, 2001

Retirement Board: Please place your address and phone number here. ▶	WATERTOWN RETIREMENT BOARD PO BOX 199 149 MAIN STREET WATERTOWN, MA 02471-0199 617-972-6456
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Employee Name

Last
 First
 M.I.
 - Social Security #
 Sex

Address

Street and Number
 City/Town
 State
 Zip
 Phone #

Birth Name or Former Name (if different)
 Date of Birth*
 M S W D
 Marital Status

Spouse's Name
 Spouse's Date of Birth
 # of Children

Agency or Department**
 Title/Position
 Starting Date of Present Service

* The retirement board may request a copy of birth records, military discharge papers and other pertinent data.

** For those retiring from regional or county retirement system, please identify the community.

Are you retired from any other Massachusetts public retirement system? Yes No

Were you ever a member of any other Massachusetts public retirement system? Yes No

List prior or current public retirement system membership:

SYSTEM	DATES OF MEMBERSHIP	ARE YOUR FUNDS STILL ON DEPOSIT?
<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you wish to purchase past creditable service, you must make that request in writing of the relevant retirement system and produce acceptable proof of such service.

Did you ever work for or do you currently work for the Commonwealth or one of its political subdivisions for which you were not/are not a contributing member of a retirement system? Yes No



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's Last Name	First	M.I.	Social Security #

List prior or current employment with the Commonwealth or one of its political subdivisions (Non-membership) :

EMPLOYER	DATES OF EMPLOYMENT
<input type="text"/>	<input type="text"/> to <input type="text"/>
<input type="text"/>	<input type="text"/> to <input type="text"/>
<input type="text"/>	<input type="text"/> to <input type="text"/>
Are you a Veteran?*	<input type="text"/> to <input type="text"/>

Are you a Veteran?* Yes No Dates of Active Duty Service

* The retirement board may request a copy of birth records, military discharge papers and other pertinent data.

I hereby authorize the Treasurer to withhold the proper percent of my regular compensation due on each pay period and to deposit such deductions to my credit in the annuity savings fund. I understand the full amount of such deductions, with regular interest as provided by law, will be returned to me upon my written request if I terminate my service, unless I plan to accept a position which would entitle me to become a member of any other contributory retirement system in the Commonwealth. In the event that I die before retiring, my beneficiary or beneficiaries may receive survivor benefits or a refund of my accumulated total deductions as allowed by law.

I sign this form under the pains and penalties of perjury. I affirm that the information presented in this form is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of my benefits as well as civil and criminal penalties.

Employee's Signature _____ Date: _____

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% or 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 _____

Authorized Signature: _____ Date: _____

Print Name

To Be Completed by the Retirement Board:

Membership Date \$ Annual Regular Compensation % to be deducted

Group Classification

The member must also complete the *Beneficiary Selection Form*.

Instructions for Completing Your Beneficiary Selection Form

As an active member of the Watertown Retirement System who is making regular payroll contributions, you automatically provide a survivor benefit in the event that you die while you are still in active service. You need to have a designated beneficiary on record with our office so that we can pay out this benefit in accordance with your wishes. The benefit amount is based on the type of beneficiary you select. If at the time of your death, you have no surviving spouse or dependent children, no beneficiary on record with us or no living beneficiaries, we will issue a lump-sum payment to your estate.

There are two types of beneficiaries:

➤ **Return of Accumulated Total Deductions in Lump Sum:**

If you want your beneficiary or beneficiaries to receive your accumulated contributions and interest in a single, lump sum amount, you should complete this section. There are no restrictions on who may be a lump-sum beneficiary and you may name more than one person or entity (for example, your estate or a charity) if you desire. If you do name more than one person or entity, however, be sure to indicate the percentage of your benefit that each beneficiary should receive (the total must equal 100%). If you fail to indicate a percentage, we will distribute the balance equally among the beneficiaries. If you want to designate more than four beneficiaries, please attach an additional sheet.

➤ **Option (D) Beneficiary:**

If you want your beneficiary to receive a monthly allowance instead of a lump-sum payment, you should complete this section. Option (D) member-survivor allowance provides your beneficiary with a monthly allowance based on four factors: your age, your salary average, your years of creditable service and the age of your beneficiary. The allowance is calculated as if you had retired on the date of your death. **An Option D beneficiary must be your parent, sibling, child, spouse or former spouse who has not remarried.**

You may designate both a member-survivor beneficiary and a lump-sum beneficiary(ies); however, **they may not be the same person.** If you should die while you are an active member of the Watertown Retirement System and you have designated both types, the System must pay the Option D Beneficiary the entire survivor benefit. If, however, the named Option D Beneficiary is not alive at the time of your death or is your former spouse who has since remarried, we will allocate your accumulated contributions and interest to the named lump-sum beneficiary(ies).

We hope you find the Beneficiary Selection Form to be self explanatory. However, if you have any questions, please feel free to contact the retirement office at 617-972-6456 or email at info@watertownretirement.com.

Beneficiary Selection Form (If Member Dies Before Retirement)

Form Last Revised: October, 2001

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Choice of Beneficiary to Receive a Return of Accumulated Total Deductions at Member's Death

I, (Print Name) , a member of the Retirement System hereby request the Board of Retirement to pay any sum referred to in G.L. c. 32, § 11(2)* due at my death to the following beneficiary or beneficiaries in the proportions designated.

My selection may be superseded by a selection under G.L. c. 32, § 12(2)(d) if I die leaving an eligible spouse who elects to receive a monthly benefit.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement, this form becomes void.

*The types of payments covered under G.L. c. 32, § 11(2) include:

- The payment of the accumulated deductions credited to a member's account in the annuity savings fund at the date of death when the member's death occurs prior to his/her retirement.
- The amount of any uncashed checks payable to a member at his or her death.
- Any person or entity may be a beneficiary under G.L. c. 32, § 11(2). Give complete name and address of each beneficiary below:

		Proportion To Be Paid
Name	<input type="text"/> SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>	
Name	<input type="text"/> SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>	
Name	<input type="text"/> SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>	
Name	<input type="text"/> SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>	

Member's Signature _____ Date _____

Member's Address



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's Last Name	First	M.I.	Social Security #

To Be Completed by Witness of Choice of Beneficiary of Accumulated Total Deductions.

Signature of Witness _____ Date _____

Name of Witness (Print) _____

Choice of Option (D) Beneficiary

I, (Print Name) , a member of the Retirement System, hereby nominate the beneficiary * listed below, under the provisions of G.L. c. 32, § 12(2)(d) to receive from the retirement system a benefit equal to the Option (C) retirement allowance which would otherwise have been payable to me in the event that I die before being retired.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement this form becomes void.

I understand that this choice of Option D Beneficiary can be superceded if, at my death, I leave a spouse to whom I have been married for over one year and with whom I am living on the date of my death, or if living apart, for justifiable cause as determined by the Retirement Board.

Beneficiary

<input type="text"/>	<input type="text"/>
Name of Eligible Beneficiary	Beneficiary's Relationship to Member
<input type="text"/>	<input type="text"/>
Beneficiary's Date of Birth (Attach birth record)	Beneficiary's Social Security #

Member

Member's Signature _____ Date _____

<input type="text"/>	<input type="text"/>
Member's Street Address	Member's Social Security #

<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	State	Zip

To Be Completed by Witness of Choice of Option D Beneficiary

Witness' Signature _____ Date _____

Witness' Name (Print)

* An eligible beneficiary is defined under G.L. c. 32, § 12(2)(d) as the spouse, former spouse who has not remarried, child, father, mother, sister or brother of the member.