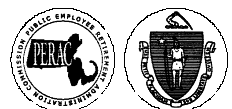


Introduction

New Member Enrollment Form

Form Last Revised: October, 2001

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 eligible 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 member's beneficiary to receive a refund of the member's total accumulated deductions is now selected on the *Beneficiary Selection Form*.



New Member Enrollment Form

Form Last Revised: October, 2001

Retirement Board: Please place your address and phone number here. ▶	
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Employee Name

		<input type="checkbox"/>	- -	<input type="checkbox"/>
Last	First	M.I.	Social Security #	Sex

Address

		<input type="checkbox"/>							
Street and Number	City/Town	State	Zip	Phone #					
		<input type="checkbox"/>	M	<input type="checkbox"/>	S	<input type="checkbox"/>	W	<input type="checkbox"/>	D
Birth Name or Former Name <i>(if different)</i>		Date of Birth*		Marital Status					
		<input type="checkbox"/>			<input type="checkbox"/>				
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?
	to	<input type="checkbox"/> Yes <input type="checkbox"/> No
	to	<input type="checkbox"/> Yes <input type="checkbox"/> No
	to	<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



			- -
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
	to
	to
	to
Are you a Veteran?*	to

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*.