



PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION
FIVE MIDDLESEX AVENUE, SUITE 304 | SOMERVILLE, MA 02145

Introduction

New 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)*.

New Member Enrollment

Form Last Revised: February, 2020

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Retirement Board: Please enter your retirement board information here.

Name of Retirement Board: _____

Address: _____

City/Town: _____

Zip Code: _____

Telephone: _____

Fax: _____

Employee Information

Employee Last Name: _____

First Name: _____

M.I.: _____

Social Security # (Entire #): _____

Phone #: _____

Sex: _____

Street Address: _____

City/Town: _____

State: _____

Zip Code: _____

Birth/Former Name (if different) _____

Email: _____

Date of Birth*: _____

Marital Status:

Single

Married

Widowed

Divorced*

Spouse's Name: _____

Spouse's DOB: _____

of Children: _____

Your Retirement Board will request a copy of birth records, military discharge papers and other pertinent data.

*If Divorced and you have a Qualified Domestic Relations Order (QDRO), please attach a copy.

Current/Prior Retirement System Membership

List prior or current public retirement system membership:

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?	
	From:	To:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you wish to purchase past creditable service, please ask your Retirement Board about your options.

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 Last Name:

First Name:

SSN: ***-**-_____

Other Public Employment in Massachusetts

List prior or current public employment in Massachusetts or one of its political subdivisions (Non-membership):

EMPLOYER	DATES OF EMPLOYMENT	
	From:	To:

Veteran Status

Are you a veteran?

YES NO

If YES, please enter dates of service and attach a copy of your military discharge papers, Forms DD-214, DD-215, DD-256, NGB 22, or NGB 22A.

DATES OF ACTIVE SERVICE

From: _____ To: _____

I hereby authorize the Treasurer to withhold the proper percentage 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 or other conditions apply. In the event that I die before retiring, my named beneficiary or beneficiaries may receive survivor benefits OR a refund of my accumulated total deductions as allowed by law.

I sign this application under the penalties of perjury. I affirm that the information presented in this application 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.

Applicant's Signature:

Print Employee's Name:

Employee's Signature:

Date:

Member Last Name:

First Name:

SSN: ***-**-_____

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: _____

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