

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Birth Name or Former Name <i>(if different)</i>	Date of Birth*	Marital Status				
		<input type="checkbox"/> M	<input type="checkbox"/> S	<input type="checkbox"/> W	<input type="checkbox"/> D	
		<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

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<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="checkbox"/> Yes <input type="checkbox"/> No Dates of Active Duty Service <input type="text"/> to <input type="text"/>

*** 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*.



MIDDLESEX COUNTY RETIREMENT SYSTEM
SUPPLEMENTAL NEW MEMBER ENROLLMENT FORM

Supplemental Employment Information

Member's Name:

Social Security Number:

Employer:

Department:

Hours of Employment Per Week:

Covered by Collective Bargaining Agreement: Yes ___ No ___

Supplemental Contact Information

Work E-mail Address:

Home E-mail Address:

Work Phone:

Cell Phone:

Home Phone:

Introduction

Beneficiary Selection Form

(If Member Dies Before Retirement)

Form Last Revised: October, 2001

The *Beneficiary Selection Form* allows a member to select an eligible beneficiary to receive an allowance if the member dies before retirement and to select a beneficiary(ies) to receive payment of accumulated deductions and other payments due to a member if the member dies before retirement. Keep in mind:

- Only certain of your relatives qualify as an eligible beneficiary for benefits under G.L. c. 32, § 12(2)(d), but any person or entity can be selected as a beneficiary(ies) for a return of your accumulated total deductions.
- Your selection on this form may be superseded by an eligible spouse under the provisions of G.L. c. 32, § 12(2)(d) if you die before retirement.
- This form becomes void upon your retirement.
- If you divorce or your personal situation changes, you may wish to file a new form with your retirement board.



Beneficiary Selection Form (If Member Dies Before Retirement)

Form Last Revised: October, 2001

Retirement Board: Please place your address and phone number here. ▶	Middlesex County Retirement Board P.O. Box 160 25 Linnell Circle Billerica, MA 01865
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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"/>
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.

CLEAR

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ Employee ID# _____

Employer Name _____ Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.