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

Belmont Retirement System Retirement 90 Concord Avenue, 3rd Floor **Board:** Please Belmont, MA 02478 place your address 617-993-2792 Fax 617-993-2793 and phone number here. > **Employee Name** $\overline{\mathsf{M.I.}}$ Last **First** Social Security # Sex Address State Phone # Street and Number City/Town Zip Μ D Birth Name or Former Name (if different) Date of Birth* Marital Status Spouse's Date of Birth # of Children Spouse's Name Agency or Department** Title/Position Starting Date of Present Service * The retirement board may request a copy of birth records, miltary discharge papers and other pertinent data. ** For those retiring from regional or county retirement system, please indentify the community. No Are you retired from any other Massachusetts public retirement system? Yes Were you ever a member of any other Massachusetts public retirement system? Yes List prior or current public retirement system membership: **ARE YOUR FUNDS SYSTEM DATES OF MEMBERSHIP** STILL ON DEPOSIT? to Yes No to Yes No to No Yes 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.

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Yes



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?

Member's Last Name	First	M.I.	Social Security #
List prior or current employment (Non-membership):	with the Commonwealth or one	e of its political	subdivisions
EMPLOYER	DA ⁻	TES OF EMPLOY	MENT
		to	
		to	
		to	
Are you a Veteran?* Yes N	o Dates of Active Duty Service	to	
The retirement board may reque pertinent data.	est a copy of birth records, milt	ary discharge p	apers and other
terminate my service, unless I plan to other contributory retirement system or beneficiaries may receive survivor be	in the Commonwealth. In the event	that I die before	retiring, my benefic
rect, complete and accurately presente	d. I understand that giving false or in	•	
rect, complete and accurately presente to the loss of my benefits as well as civ	d. I understand that giving false or in in and criminal penalties.	•	
I sign this form under the pains and per rect, complete and accurately presente to the loss of my benefits as well as civ Employee's Signature	d. I understand that giving false or in in and criminal penalties.	complete informa	
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The member must also complete the Beneficiary Selection Form.



BELMONT 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.

Belmont Retirement System 90 Concord Avenue, 3rd Floor Belmont, MA 02478 617-993-2792 Fax - 617-992-2793

Choice of Beneficiary to Receive a Return of Accumulat at Member's Death	ed Total Deductions			
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 who elects to receive a monthly benefit.)(d) if I die leaving an eligible spouse			
I understand that I may change my beneficiary designation at any time p my retirement, this form becomes void.	rior to my retirement and that upon			
*The types of payments covered under G.L. c. 32, § 11(2) include:				
The payment of the accumulated deductions credited to a member's the date of death when the member's death occurs prior to his/her	N .			
• The amount of any uncashed checks payable to a member at his or h	ner death.			
• Any person or entity may be a beneficiary under G.L. c. 32, § 11(2). each beneficiary below:	Give complete name and address of			
cach beneficially below.	Proportion To Be Paid			
Name SSN				
Address				
Name SSN				
Address				
Name SSN				
Address				
Name SSN				
Address				
Member's Signature	Date			
Member's Address	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

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Beneficiary Selection Form 2
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, a member of the a member of the
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
Name of Eligible Beneficiary Beneficiary's Relationship to Member Beneficiary's Date of Birth (Attach birth record) Beneficiary's Social Security #
Member
Member's Signature Date
Member's Street Address Member's Social Security #
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.

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

Not Covered by Social Security		
Employee Name	Employee ID#	
Employer Name	Employer ID#	
Your earnings from this job are not covered under Soci you may receive a pension based on earnings from this from Social Security based on either your own work or wife, your pension may affect the amount of the Social however, will not be affected. Under the Social Security amount may be affected.	s job. If you do, and you are also entitled to a benefit the work of your husband or wife, or former husband or Security benefit you receive. Your Medicare benefits,	
Windfall Elimination Provision		
Under the Windfall Elimination Provision, your Social S modified formula when you are also entitled to a pension As a result, you will receive a lower Social Security ben job. For example, if you are age 62 in 2013, the maxima a result of this provision is \$395.50. This amount is updated totally eliminate, your Social Security benefit. For additional Publication, "Windfall Elimination Provision."	on from a job where you did not pay Social Security tax. refit than if you were not entitled to a pension from this rum monthly reduction in your Social Security benefit as lated annually. This provision reduces, but does not	
Government Pension Offset Provision Under the Government Pension Offset Provision, any S become entitled will be offset if you also receive a Fede where you did not pay Social Security tax. The offset re widow(er) benefit by two-thirds of the amount of your pe	eral, State or local government pension based on work educes the amount of your Social Security spouse or	
For example, if you get a monthly pension of \$600 base Security, two-thirds of that amount, \$400, is used to off you are eligible for a \$500 widow(er) benefit, you will re \$400=\$100). Even if your pension is high enough to tot benefit, you are still eligible for Medicare at age 65. For Publication, "Government Pension Offset."	fset your Social Security spouse or widow(er) benefit. If ceive \$100 per month from Social Security (\$500 - ally offset your spouse or widow(er) Social Security	
For More Information Social Security publications and additional information, provision, are available at www.socialsecurity.gov . You or hard of hearing call the TTY number 1-800-325-0778	may also call toll free 1-800-772-1213, or for the deaf	
I certify that I have received Form SSA-1945 that co Windfall Elimination Provision and the Government 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.