



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

NEW MEMBER ENROLLMENT FORM
FOR NON-COMMONWEALTH EMPLOYEES

On behalf of the State Retirement Board I would like to welcome you as a member of the **Massachusetts State Employees' Retirement System ("MSERS")**. The potential benefits available through the retirement system will be some of the most valuable you may have as a public employee.

I would encourage you to visit the Board's web site at mass.gov/retirement to review our **Retirement Benefit Guide** which provides a summary of the retirement benefits available to you. You can also access our online Pension Calculator to get an approximation of your future retirement benefits.

Another resource to be aware of is the **SMART Retirement & Beyond Seminars**, which are held state-wide during the year exclusively for Massachusetts State Employees. Members learn about the features and latest updates related to their pension benefits and, if applicable, GIC health insurance. For more information, or to register for a seminar, visit mass.gov/retirement and click on the SMART Retirement & Beyond Seminars link located in the left hand column under "What We Do."

Understanding your retirement benefits at this stage of your service with the Commonwealth may be equally, if not more, important to you than when you contemplate retirement or separation from service.

Please fully complete the New Member Enrollment Form that is attached and return it to your agency's Human Resource or Payroll office. We ask that you pay particular attention to the Beneficiary Designation section. The information you provide will be reviewed by Board staff to confirm your eligibility as a member of the MSERS.

If you have any questions concerning your retirement benefits, please call the State Retirement Board staff at (617) 367-7770 or e-mail us at srb@tre.state.ma.us. Once again, welcome and I wish you the best in your future endeavors.

Sincerely,

A handwritten signature in black ink, appearing to read "Deborah B. Goldberg".

Deborah B. Goldberg,
Treasurer and Receiver General, Chair



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THE COMMONWEALTH OF MASSACHUSETTS
State Board of Retirement
 ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

**NON-COMMONWEALTH
 AGENCY NEW MEMBER
 ENROLLMENT FORM**

SECTION A TO BE COMPLETED BY MEMBER - SECTION B TO BE COMPLETED BY AGENCY
PLEASE RETURN COMPLETED FORM TO THE MASSACHUSETTS STATE RETIREMENT BOARD

SECTION A - TO BE COMPLETED BY MEMBER

1. MEMBER INFORMATION

Name (Print)		Former Name		SSN
Street Address			Date of Birth	Gender: M <input type="checkbox"/>
City	State	Zip Code	Phone Number	F <input type="checkbox"/>
E-Mail				
Marital Status:				
<input type="checkbox"/> Married	<input type="checkbox"/> Single	If Divorced , are you subject to a Qualified Domestic Relations Order?		
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced			
		Spouse Date of Birth		Spouse Name
Are you a Veteran?		The retirement law establishes specific periods of active service, which may qualify you for certain Veteran benefits.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Dates of Military Service		Employment Position		
		Start Date Valley Collaborative - 6020		
		Agency or Department (978) 528-7801		
A copy of your military discharge may be requested		Agency Phone Number		

2. PAST MEMBERSHIP HISTORY WITH ANY OTHER CONTRIBUTORY RETIREMENT SYSTEM IN MASSACHUSETTS

Retirement System	Start Date	End Date	Was a Refund Taken?	
			<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 reinstate / purchase past creditable service you must make a separate request to the State Retirement Board.

3. ARE YOU CURRENTLY OR HAVE YOU EVER RECEIVED A RETIREMENT ALLOWANCE FROM ANOTHER PUBLIC RETIREMENT SYSTEM?

Yes No

4. STATEMENT AND SIGNATURE OF MEMBER

I certify the above information to be true and correct to the best of my knowledge and hereby accept membership in the Massachusetts State Employees' Retirement System. This statement is signed under penalties of perjury.

Member Signature

Date

Continued on reverse

SECTION A (CONTINUED)

5. BENEFICIARY INFORMATION

Beneficiary or beneficiaries nominated will receive in the proportion designated any amount due at your death, if you pass away prior to retirement. The right to change any nominated beneficiary is reserved by the member.

A beneficiary blank with corrections or erasures is not acceptable

Give Complete Name and Address of Each Beneficiary

Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:

**Must Total 100% - If Contingent Please Specify*

6. PLEASE SIGN BELOW

Member Signature

Date

Witness Signature

Witness may not be beneficiary

A Change of Beneficiary Form must be used if you wish to change your designated beneficiary(ies). You may obtain this form from the State Retirement Board or mass.gov/retirement.

SECTION B - TO BE COMPLETED BY THE AGENCY

Position: _____ Start Date: _____

Position: _____ Start Date: _____

State Police Start Date: _____ Date of First Deduction: _____ New Transfer

Rate to be deducted for retirement: 5% 7% 8% 9% 12%

Service Status: Full-Time Part-Time _____% Temp/Sub _____ Other _____

Authorized Signature

Date

Valley Collaborative - 6020

Agency and Payroll Number