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)*.

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board:	Middlesex County Retirement Board		
Address:	25 Linnell Circle, P.O. Box 160		
City/Town:	Billerica	**Zip Code:**	01865
Telephone:	(978) 439-3000	**Fax:**	(978) 439-3050

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:		
			☐ YES	☐ NO
			☐ YES	☐ NO
			☐ YES	☐ 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 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)*.

MIDDLESEX COUNTY RETIREMENT SYSTEM SUPPLEMENTAL NEW MEMBER ENROLLMENT AND ACKNOWLEDGMENT FORM

Supplemental Enrollment Information

Member's Name:	
Entire Social Security Number:	
Employer:	
Department:	
Hours of Employment Per Week:	
Covered by Collective Bargaining Agreement:	**Circle one: YES NO**
Home Email Address:	
Home Phone:	

Acknowledgments

I, the undersigned, state the following:

Notice of Potential Veteran's Benefits: I hereby acknowledge receipt of the *Notice of Potential Veterans' Benefits Pursuant to Massachusetts General Laws, Chapter 32, Section 4(1)(h)* as provided in the New Member Enrollment Package.

Statement Concerning Social Security: I hereby acknowledge receipt of Social Security Form SSA-1945 *Statement Concerning Your Employment in a Job Not Covered by Social Security* as provided in the New Member Enrollment Package.

_____

Member's Signature Date

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 (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit www.ssa.gov.

For More Information

Social Security publications and additional information are available at www.ssa.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 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of 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

The Social Security Protection Act of 2004, Pub. L. No. 108-203, Section 419 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. Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers must use to meet the requirements of the law.

While the earlier version of the SSA-1945 discussed the effect of the Windfall Elimination Provision and/or Government Pension Offset on an employee's potential future benefits, the Social Security Fairness Act (SSFA) of 2023 enacted on January 5, 2025, eliminated the reduction of Social Security benefits under the Windfall Elimination Provision and/or Government Pension Offset for individuals entitled to certain pensions from work not covered by Social Security, starting January 2024. However, this did not remove the requirement for State and local government employers to provide a statement to employees hired January 1, 2005, or later in jobs not covered under Social Security. This version of SSA-1945 explains to an employee that non-covered earnings will not be used to determine eligibility to or calculate the amount of potential future benefits.

Employers must:

- Get the employee's signature on the form
- Give the signed statement and information page to the employee prior to the start of employment
- 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.

A fillable, downloadable version of the SSA-1945 is available online at the Social Security website, www.ssa.gov/online/ssa-1945.pdf.

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

Introduction

Notice of Potential Veterans' Benefits

Pursuant to Massachusetts General Laws, Chapter 32, Section 4(1)(h)

Form Last Revised: August, 2024

The *Notice of Potential Veterans' Benefits Pursuant to Massachusetts General Laws, Chapter 32, Section 4(1)(h)* notifies eligible veterans of their rights to purchase creditable service for their military service. In order to purchase such service, a member must meet the definition of "veteran" in Massachusetts General Laws, Chapter 32, Section 1.

Keep in mind:

- **You may make this purchase at anytime up to one year after you vest in the retirement system. Vesting is defined as having 10 years of creditable service.**
- **National Guard and Reservists who do not qualify as a veteran, per the definition on the veteran's buyback form, within one year of vesting, or who have not reached the maximum of four years of eligible purchase time within one year of vesting, will have additional time to make the purchase. They will have five years from the date in which they qualify as a veteran, or the date that they qualify for the full four-year purchase, whichever date last occurs, to enter into a buyback agreement**
- If you have already been granted creditable service for active duty service under Massachusetts General Laws, Chapter 32, Section 4(1)(h), you are not eligible to apply for additional credit based on that same service.
- You should contact your retirement board for an estimate of the cost of this purchase and payment options.
- Once purchased, a refund of the cost of this service is only available by a refund of all accumulated deductions.

Definition of Veteran Under Massachusetts General Laws, Chapter 32, Section 4(1)(h) and Massachusetts General Laws Chapter 4, Section 7, Clause 43:

Massachusetts General Laws, Chapter 4, Section 7, Clause 43 defines "veteran" to mean any person who served at least 180 days active duty in the Army, Navy, Marine Corps, Coast Guard or Air Force whose last discharge or release was under honorable conditions or any person who served at least 90 days of active duty including at least one-day wartime service. The definition specifically excludes active duty for training for the National Guard and Reserves from qualifying as active duty under this section.

Section 4(1)(h) grants eligible veterans, who were **honorably discharged** or **discharged under honorable conditions**, the right to purchase up to four years to add to their creditable service as a member of a retirement system due to service in the armed forces of the United States.

State Veteran Status Eligibility

To be eligible for veterans' benefits, one must be a "veteran" under M.G.L, c. 4, § 7, cl. 43rd. You must either have 180 days of active service, or failing that, a certain amount of service during "wartime."

See next page for periods of service constituting "wartime" service.

Introduction *(Continued)*

Notice of Potential Veterans' Benefits

Pursuant to Massachusetts General Laws, Chapter 32, Section 4(1)(h)

Periods of Service Constituting "Wartime" Service

Era of Service	Dates	Requirement for Veteran Status
WORLD WAR II (Merchant Marine: 7-Dec-1941 through 31-Dec-1946)	16-Sep-1940 25-Jul-1947	**90** days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
KOREA	25-Jun-1950 31-Jan-1955	**90** days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
Korean Defense Service Medal	28-Jul-1954 (to be determined later)	**90** days of active duty service, last discharge under honorable conditions and recipient of the Korean Defense Service Medal.
VIETNAM	5-Aug-1964 7-May-1975	**90** days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
Lebanon Campaign*	25-Aug-1982 (to be determined later)	**90** days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
Grenada Campaign*	25-Oct-1983 15-Dec-1983	**90** days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
Panama Campaign*	20-Dec-1989 31-Jan-1990	**90** days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
PERSIAN GULF	2-Aug-1990 (to be determined later)	**90** days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.

* Naval and Marine DD-214 must indicate Expeditionary Medal. All DD-214's must specify campaign: **Lebanon**, **Granada**, or **Panama**.

For **GUARD MEMBERS** to qualify they must have 180 days and have been activated under Title 10 of the U.S. Code **-OR-** Members who were activated under Title 10 or Title 32 of the U.S. Code or Massachusetts General Laws, Chapter 33, Sections 38, 40, and 41 must have 90 days, at least one of which was during wartime, per the above chart.

For **RESERVISTS** to qualify, they must have been called to regular active duty for at least 180 days or 90 days, one of which was wartime according to the above chart.

National Guard and Reserve Service

Members who served in the National Guard or Reserves, who qualify as a veteran, may purchase creditable service at a ratio of 5 years of Guard or Reserve service to 1 year of creditable service.

Training Duty Exclusion

For purposes of determining veteran's status active duty service in the armed forces shall not include active duty for training in the Army or Air National Guard or active duty for training as a Reservist in the Armed Forces of the United States.

Minimum Service Exception (For Death or Disability)

It is not necessary that an applicant have completed the minimum service for wartime or peacetime campaign if he/she served some time in the campaign and was awarded the Purple Heart, or suffered a service-connected disability per the Discharge Certificate, or died in the service under honorable conditions.

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board:			
Address:			
City/Town:		**Zip Code:**	
Telephone:		**Fax:**	

Procedures

You must complete this application and file it with your retirement board no later than 1 year after you vest in the retirement system unless you are a member of the National Guard or Reserves, who have five years from the date in which they qualify as a veteran, or the date that they qualify for the full four-year purchase, whichever date last occurs, to enter into a buyback agreement. You must enclose a copy of your federal form DD-214 with your application.

- Payment of 10% of your salary when you last became a member of a retirement system per year of creditable service being purchase is required. Consult your retirement board for payment options.
- Once your eligibility has been verified you will receive written notification of: (1) the years and months of service you may purchase (not to exceed four years) and (2) the amount owed.
- No refunds are allowed after purchasing this service except by a refund of all accumulated deductions.

Application

To the _____ Retirement Board:

I respectfully request creditable service for my active service in the armed forces of the United States and Active Reserve or National Guard under the provision of Massachusetts General Laws, Chapter 32, Section 4(1)(h).

Last Name:		**First Name:.**		**M.I.:**	
Social Security # (last four):	***-**-____ ____ ____ ____	**Phone #:**			
Street Address:					
City/Town:		**State:**		**Zip Code:**	
Email:					
Governmental Unit:					
Date Most Recently Entered Public Service:		**Date of Honorable Discharge:**			

Member's Signature:

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.

Member's Signature:	
Date:	

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

Introduction

Beneficiary Selection Form - Option D (If Member Dies Before Retirement)

Pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d)

Form Last Revised: February, 2020

The *Beneficiary Selection Form - Option D* allows a member to select an eligible beneficiary to receive an allowance if the member dies before retirement. This is the Member Survivor allowance described at Massachusetts General Laws, Chapter 32, Section 12(2)(d) ("Option D").

The following needs to be kept in mind:

- This form must be filed with the retirement board.
- If you designate an eligible beneficiary on this form, and that beneficiary is living at the time of your death, the money in your annuity account will not be disbursed to anyone in a one-time, lump-sum payment, even if you have named them to receive such money on your *Beneficiary Selection Form for Refund of Accumulated Deductions*.
- You may name only one person as the Option D beneficiary. That one person may be your spouse, your former spouse who is not remarried at the time of your death, your child, your father, your mother, your sister or your brother.
- If you select a beneficiary other than the spouse to whom you are married at the time of your death, your selection on this form may be superseded by the eligible spouse under the provisions of Option D if you die before retirement.
- If your personal situation changes (e.g. divorce, a domestic relations order goes into effect, your beneficiary dies), you should file a new form with your retirement board.
- If you file a new Option D form with your retirement board, it will supersede any and all prior Option D forms previously filed by you.
- When you sign this form, it should be witnessed by a disinterested party.
- To cancel an Option D beneficiary designation prior to retirement, your written notice must be filed with the retirement board.
- This form becomes void upon your retirement.

Beneficiary Selection Form - Option D (If Member Dies Before Retirement)

Pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d)

Form Last Revised: July, 2019

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board: Middlesex County Retirement Board

Address: 25 Linnell Circle, P.O. Box 160

City/Town: Billerica **Zip Code:** 01865

Telephone: (978) 439-3000 **Fax:** (978) 439-3050

Member's Information:

Member's Last Name	Member's First Name	Social Security # (last four)
		***-**-___ ___ ___ ___

Street Address:

City/Town: **State:** **Zip Code:**

Email:

Phone:

Choice of Option D Beneficiary

I, (Print Name) _____, a member of the _____ Retirement System, hereby nominate the beneficiary listed below, under the provisions of Massachusetts General Laws, Chapter 32, Section 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 have at least two years of creditable service and 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, doing so for justifiable cause as determined by the Retirement Board.

Beneficiary

This person is my: ☐ Parent ☐ Sibling ☐ Unmarried Former Spouse* ☐ Spouse* ☐ Child

Name of Eligible Beneficiary:

Beneficiary's Date of Birth: *(attach birth record)* **Beneficiary's Social Security #:**

Beneficiary's Street Address:

City/Town: **State:** **Zip Code:**

*If beneficiary is your spouse or former spouse, a copy of your marriage certificate is required

Member's Signature:

Print Name:

Signature: **Date:**

To Be Completed By Witness (should be disinterested party):

Print Name:

Street Address:

City/Town: **State:** **Zip Code:**

Signature: **Date:**

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

Introduction

Beneficiary Selection Form for Refund of Accumulated Deductions

(If Member Dies Before Retirement)

Pursuant to Massachusetts General Laws, Chapter 32, Section 11(2)(c)

Form Last Revised: February, 2020

The *Beneficiary Selection Form for Refund of Accumulated Deductions* allows a member to select a beneficiary or beneficiaries to receive payment of accumulated deductions and other payments due a member if the member dies before retirement, as described at Massachusetts General Laws, Chapter 32, Section 11(2)(c).

The following needs to be kept in mind:

- This form must be filed with the retirement board.
- If you have designated an eligible beneficiary who is alive at the time of your death on the *Beneficiary Selection Form for Option D*, then the money in your annuity account will not be disbursed to anyone in a one-time lump-sum payment, even if you have designated them on this form.
- Any person or entity may be designated as your Refund of Accumulated Deductions beneficiary under Section 11(2)(c). You may designate multiple beneficiaries and must indicate the percentage of the annuity account that you wish each beneficiary to receive. The percentages must total 100%.
- Your selection of a beneficiary on this form also may be superseded by an eligible spouse under the provisions of Option D.
- If your personal situation changes (e.g. divorce, a domestic relations order goes into effect, your beneficiary dies), you should file a new form with your retirement board.
- If you file a new Section 11(2)(c) form with your retirement board, it will supersede any and all prior Section 11(2)(c) forms filed previously by you.
- When you sign this form, it should be witnessed by a disinterested party.
- This form becomes void upon your retirement.

Beneficiary Selection Form for Refund of Accumulated Deductions
(If Member Dies Before Retirement)
Pursuant to Massachusetts General Laws, Chapter 32, Section 11(2)(c)

Form Last Revised: July, 2019

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board:	Middlesex County Retirement Board		
Address:	25 Linnell Circle, P.O. Box 160		
City/Town:	Billerica	**Zip Code:**	01865
Telephone:	(978) 439-3000	**Fax:**	(978) 439-3050

Member's Information:

		***-**-___ ___ ___ ___
Member's Last Name	**Member's First Name**	**Social Security # (last four)**

Street Address:					
City/Town:		**State:**		**Zip Code:**	
Email:					
Phone:					

Choice of Beneficiary or Beneficiaries to Receive a Refund of Accumulated Total Deductions at Member's Death:

- Any person or entity may be a beneficiary under Massachusetts General Laws, Chapter 32, Section 11(2)(c). Give complete name and address of each beneficiary on the next page.

I, (Print Name) _____, a member of the _____ Retirement System hereby request the Retirement Board to pay any sum referred to in Massachusetts General Laws, Chapter 32, Section 11(2)(c) due at my death to the following beneficiary or beneficiaries in the proportions designated on the next pages.

Beneficiary Selection Form for Refund of Accumulated Deductions

Member Last Name: **First Name:** **SSN:** ***-**-__ __ __ __

PRIMARY LUMP-SUM BENEFICIARY(IES)

Do NOT name any one person or entity as a beneficiary more than ONCE in this section.

Primary Lump-Sum Beneficiary Information:

					% of Benefit**
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
					0%

*Beneficiary's full Social Security Number (SSN) or Employer Identification Number (EIN), if an organization.
**Total must equal 100%; if no percentages are indicated, benefit will be allocated equally among lump-sum beneficaries.

CONTINGENT LUMP-SUM BENEFICIARY(IES)

In the event that none of the named primary lump-sum beneficiary(ies) above, are alive, or, if an organization, still operating, as of your death.

Contingent Lump-Sum Beneficiary Information:

					% of Benefit**
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
					0 %

*Beneficiary's full Social Security Number (SSN) or Employer Identification Number (EIN), if an organization.
**Total must equal 100%; if no percentages are indicated, benefit will be allocated equally among lump-sum beneficaries.

Beneficiary Selection Form for Refund of Accumulated Deductions

Member Last Name: **First Name:** **SSN:** ***-**-__ __ __ __

I understand that my selection may be superseded if I die with an eligible beneficiary under Option D.

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 Massachusetts General Laws, Chapter 32, Section 11(2)(c) include:

- The one-time 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.
- Any amounts payable to a member at his or her death.

Member's Signature:

Print Name:

Signature: **Date:**

To Be Completed By Witness (should be disinterested party):

Name (Print):

Street Address:

City/Town: **State:** **Zip Code:**

Signature: **Date:**