

**VERMONT MUNICIPAL EMPLOYEE'S RETIREMENT SYSTEM
NOTIFICATION OF EMPLOYMENT**

109 State St, 4th Fl · Montpelier, VT 05609 · Phone (802) 828-2305 · Fax (802-828-5182)

This form shall be completed and forwarded to this office **at time of employment** for any person to be regularly employed as follows: 24 or more hours per week and 1040 hours a year for any calendar scheduled employee, or 30 or more hours per week and 1040 hours a year for any school year scheduled employee. PLEASE PRINT OR TYPE INFORMATION BELOW

EMPLOYEE INFORMATION

Date of Birth Mo Day Yr		Male () Female ()	Marital Status Single <input type="checkbox"/>
Last Name			Married <input type="checkbox"/>
First Name	M.I.		Divorced <input type="checkbox"/>
			Widowed <input type="checkbox"/>
			Widower <input type="checkbox"/>
			Civil Union <input type="checkbox"/>
Address		Social Security Number - -	
Town/City	State	Phone number:	
	Zip	Email:	

I certify the above information to be complete and accurate to the best of my knowledge and belief. **I understand that I must participate in the Vermont Municipal Employees' Retirement System, as participation is a condition of my employment.** I hereby consent and agree to deductions for that purpose and understand that the full amount of deduction from my compensation, with allowable interest thereon, will be returned to me if I leave service without a retirement benefit or will be paid to my beneficiary if I die before qualifying for such a benefit.

Date _____ Signature (Employee) _____.

EMPLOYER INFORMATION

Name and Phone # of Employer (Payroll Unit) (802)	Payroll Unit #:	Date of Hire:
Employees Position/ Title Union/ Non-union	Projected Annual or Contracted Salary: MUST BE ENTERED \$	
What Group(s) Will the New Hire Be Eligible for? If this position qualifies for DC plan	GROUP A _____ GROUP B _____ GROUP C _____ GROUP D _____ DC plan _____	Type of Year Worked: Calendar Year (All year round): _____ School Year: _____

PAYROLL OFFICER TO COMPLETE AND RETURN TO RETIREMENT SYSTEM UPON TERMINATION OF SERVICE

This is to certify that _____ terminated service
(Name of Employee)
with the _____ effective _____
(Name of Employer) (Date)

Date _____ Signed (Payroll Officer) _____