**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:** | Norfolk County Retirement Board | | |
| **Address:** | 720 University Ave, Suite 120 | | |
| **City/Town:** | Norwood | **Zip Code:** | 02062 |
| **Telephone:** | (781) 821-0664 | **Fax:** | |

## 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 From: | To: | ARE YOUR FUNDS STILL ON DEPOSIT? | |
|---|---|---|---|---|
| | | | ☐ 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)*.**