



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

# Introduction

## New Member Enrollment

Form Last Revised: February, 2020

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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)*.

# New Member Enrollment

Form Last Revised: February, 2020

**Retirement Board:** Please enter your retirement board information here.

**Name of Retirement Board:** WORCESTER REGIONAL RETIREMENT SYSTEM

**Address:** 23 MIDSTATE DRIVE, SUITE 106

**City/Town:** AUBURN, MA

**Zip Code:** 01501

**Telephone:** 508-832-6314

**Fax:** 508-832-6318

## Employee Information

<b>Employee Last Name:</b>	<b>First Name:</b>	<b>M.I.:</b>
<b>Social Security # (Entire #):</b>	<b>Phone #:</b>	<b>Sex:</b>
<b>Street Address:</b>		
<b>City/Town:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Birth/Former Name (if different)</b>	<b>Email:</b>	
<b>Date of Birth*:</b>	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced*	
<b>Spouse's Name:</b>	<b>Spouse's DOB:</b>	<b># of Children:</b>

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
			<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 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 retirement system?  YES  NO



# New Member Enrollment

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)*.



# 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

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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

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**Retirement Board:** Please enter your retirement board information here.

**Name of Retirement Board:** WORCESTER REGIONAL RETIREMENT SYSTEM

**Address:** 23 MIDSTATE DRIVE, SUITE 106

**City/Town:** AUBURN, MA

**Zip Code:** 01501

**Telephone:** 508-832-6314

**Fax:** 508-832-6318

## 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:			

\*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 beneficiaries.

0%

## 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:			

\*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 beneficiaries.

0%

# 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:**

**Signature:**

**State:**

**Zip Code:**

**Date:**





# 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

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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.



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

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**Employee Name** \_\_\_\_\_ **Employee ID#** \_\_\_\_\_  
**Employer Name** Town of Lancaster **Employer ID#** 04-6001194

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.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 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.**

**Signature of Employee** \_\_\_\_\_ **Date** \_\_\_\_\_