

## NEW MEMBER ENROLLMENT FORM

Hampden County Regional Retirement Board

50 State Street, P. O. Box 559

Springfield, MA 01102-0559

EMPLOYEE NAME \_\_\_\_\_ SS# \_\_\_\_\_ SEX \_\_\_\_\_

(Last) (First) (Middle)

ADDRESS \_\_\_\_\_  
(Street and Number) (City/Town) (State) (Zip Code)

BIRTH NAME (If Different) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_ # of Children \_\_\_\_\_ SPOUSE DATE OF BIRTH: \_\_\_\_\_

MARITAL STATUS M ( ) S ( ) W ( ) D ( )

MEMBER UNIT/DEPARTMENT \_\_\_\_\_ TITLE/POSITION \_\_\_\_\_

STARTING DATE OF PRESENT SERVICE \_\_\_\_\_ HOURS PER WORK \_\_\_\_\_

REGULAR COMPENSATION PER WEEK \_\_\_\_\_ BI/WEEKLY \_\_\_\_\_ MONTHLY \_\_\_\_\_

Please list any previous or concurrent employment with the Commonwealth of Massachusetts or with any other City/Town or County. (State place of employment, dates and name if different from above.)

Were you ever a member of any other Public Retirement System? \_\_\_\_\_ If "YES", did you withdraw your funds? \_\_\_\_\_

Name of Retirement System \_\_\_\_\_ (If your funds were withdrawn and you wish to redeposit, you must submit a written request to the Hampden County Regional Retirement Board.)

Are you currently or have you ever received a retirement allowance from another public retirement system? \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_ Dates of Active Service: \_\_\_\_\_

### \*A COPY OF BIRTH CERTIFICATE & MILITARY DISCHARGE PAPERS MUST BE FILED WITH THE RETIREMENT BOARD

I have carefully and truthfully filled out this form. I hereby authorize the Treasurer to withhold the proper percent of my regular compensation due on each pay day and to deposit such deductions to my credit in the annuity savings funds. I understand the full amount of such deductions, with compound interest if provided by the retirement act will be returned to me upon request if I terminate my service before becoming eligible for retirement unless to accept a position which would entitle me to become a member of any other similar contributory retirement system in the Commonwealth, or will be paid to my beneficiary or beneficiaries if provided by the retirement act in case of death.

The above statements are true and correctly recorded to the best of my knowledge and belief and are made under the penalties of perjury.

DATE: \_\_\_\_\_ EMPLOYEE'S SIGNATURE: \_\_\_\_\_

### TO BE COMPLETED BY PAYROLL DEPARTMENT:

Please check all appropriate boxes: 5% ( ) 7% ( ) 7% + 2% ( ) 8% ( ) 8% + 2% ( ) 9% ( ) 9% + 2% ( )  
Permanent ( ) Temporary ( ) Full Time ( ) Part-time ( )

DATE: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_

### TO BE COMPLETED BY THE RETIREMENT BOARD:

Membership Date: \_\_\_\_\_ Annual Compensation: \$ \_\_\_\_\_ % \_\_\_\_\_ Group: \_\_\_\_\_

FORM MUST BE COMPLETED IN ITS ENTIRETY AND BENEFICIARY DESIGNATED ON THE REVERSE SIDE  
PERA 9-1-796

### NOMINATION OF BENEFICIARY

G.L. chapter 32, Section 11(2)(c). Any member, upon his written notice on a prescribed form filed with the board prior to his death, may nominate, and from time to time change, one or more beneficiaries to receive in designated proportions any sum becoming payable under the provisions of this subdivision on his/her death; provided, that any such beneficiary nominated by a minor shall be of his kindred. The payment of any such sum or portion thereof to his beneficiary or beneficiaries of record surviving at his death shall bar the recovery of such payment by any other person. If there is no beneficiary of record or if any beneficiary of record is not living at the death of such member, such sum or the amount which would have been paid to such beneficiary if he had survived such member, as the case may be, shall be paid to the legal representatives of such member; provided, that if any such sum or amount does not exceed three hundred dollars, and if there has been no written demand upon the Board for payment thereof by a duly appointed executor or administrator of the estate of such member and the Board has not otherwise been informed that probate proceedings relative to such estate have been commenced, such sum or amount may be paid after the expiration of ninety days from the date of death of such member, to the person or persons appearing in the judgment of the Board to be entitled thereto. The payment of any such sum or amount in such a manner, or to the natural or legal guardian or conservator of a minor or incompetent beneficiary, shall constitute a legal settlement of all claims on account thereof to the extent of such payment and shall bar recovery of such payment by any other person.

Payment shall not be made under this subdivision if the deceased member is survived by a beneficiary appointed under Option (d) of subdivision (2) of Section 12 who is eligible to receive the allowance provided by said option, nor if the deceased member is survived by a person eligible to receive the allowance provided for in Section 12B, or is survived by a child eligible to receive the allowance provided for in Section 12B, unless the widow or person acting for such child elects, in lieu of receiving allowances provided for in said Section 12B, to have payment of any monies due made in accordance with the provision of this paragraph.

Beneficiary or beneficiaries nominated will receive in the proportion designated any sum due at your death. The right to change any nominated beneficiary is reserved by the member.

#### A BENEFICIARY BLANK WITH CORRECTIONS OR ERASURES IS NOT ACCEPTABLE

NAME AND ADDRESS OF BENEFICIARY	SOC SECURITY #	BENEFICIARY	RELATIONSHIP TO MEMBER	PERCENTAGE OF BENEFIT
		DATE OF BIRTH		

DATE: \_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_

(A CHANGE OF BENEFICIARY FORM must be used if you wish to change your designated beneficiary or beneficiaries. You may obtain said form from this Retirement Board.)