

New Member Enrollment Application (NMA)

(Use this form for initial or new membership positions. Call FRRS if clarification needed.)

Retirement Board	Franklin Regional Retirement System 101 Munson Street, Suite 108 Greenfield, MA 01301 413-774-4837
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v1.08 (see our website for: <http://www.frrsma.com/version-notes-for-forms/>)

Section A: Employee Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last (family,surname(s))	First (given, personal) name(s)	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Name or Former Name (if different)	Date of Birth	S.S.Number

Please send us a copy of your birth certificate.

<input type="text"/>	<input type="text"/>
First Phone #	First Email Address

<input type="text"/>	<input type="text"/>
Second Phone #	Second Email Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip

<input type="text"/>	<input type="text"/>
Marital Status	Number of Children

<input type="text"/>	<input type="text"/>
Spouse's Name	Date of Birth

Military Service Information

Are you a Veteran? Y N Dates of Active Duty Service to
Please send us a copy of your discharge papers (DD214).

Employment

This position only (please use APIF form for additional positions)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Employer	Title/Position	First date of work

Are you retired from any retirement system in Massachusetts? Y N

<input type="text"/>	<input type="text"/>
Name of retirement system	Date of retirement

Other current or previous governmental employment

Other Retirement Systems

Please list government employment when you were a member of another retirement system in Massachusetts, i.e, Mass Teachers', State Retirement, outside of Franklin County, Greenfield, Montague, F.C. Technical School, etc.

Town, school, district, agency	Retirement System	Dates	Funds still there?
_____ _____ _____	to _____	Yes __ No __	
_____ _____ _____	to _____	Yes __ No __	
_____ _____ _____	to _____	Yes __ No __	
_____ _____ _____	to _____	Yes __ No __	

Other "non-membership" employment

If you worked in a position that might not have been eligible for membership with one of the retirement systems in Massachusetts, you may be able to "purchase" that service credit and add it to your retirement.

Please list any government employment that you think might have been "non-membership" service . We will contact you when we have completed the necessary research.

Town, school, district, agency	Position	Dates
_____ _____ _____	to _____	
_____ _____ _____	to _____	
_____ _____ _____	to _____	
_____ _____ _____	to _____	
_____ _____ _____	to _____	
_____ _____ _____	to _____	

Beneficiary Selection section (If Member Dies Before Retirement)

CHOICE OF BENEFICIARY TO RECEIVE ACCUMULATED TOTAL DEDUCTIONS AT MEMBER'S DEATH (Lump-sum payout)

I hereby request the Board of Retirement to pay any sum referred to in G.L. c. 32, § 11(2)* due at my death to the following beneficiary or beneficiaries in the proportions designated. My selection may be superseded by an Option D (see Option D page) selection under G.L. c. 32 § 12(2)(d) or if I die leaving an eligible spouse who elects to receive a monthly benefit. 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 G.L. c. 32 § 11(2) include:

- The 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.
- The amount of any uncashed checks payable to a member at his or her death.

Any person or entity may be a beneficiary under G.L. c. 32 § 11(2). Give complete name and address of each beneficiary below (use reverse side if needed):

Primary Beneficiaries

Proportion to be paid

Name | _____ | TIN/SSN | _____ | | _____ %

Address | _____ |

(In the event that this person/entity becomes deceased/disbanded, please use the additional section (below) for further instructions)

Name | _____ | TIN/SSN | _____ | | _____ %

Address | _____ |

(In the event that this person/entity becomes deceased/disbanded, please use the additional section (below) for further instructions)

Name | _____ | TIN/SSN | _____ | | _____ %

Address | _____ |

(In the event that this person/entity becomes deceased/disbanded, please use the additional section (below) for further instructions)

Additional/Alternate/Secondary Beneficiaries

Name | _____ | _____ | TIN/SSN | _____ |

Address | _____ |

Notes | _____ | **Proportion** | _____ %

Name | _____ | _____ | TIN/SSN | _____ |

Address | _____ |

Notes | _____ | **Proportion** | _____ %

Name | _____ | _____ | TIN/SSN | _____ |

Address | _____ |

Notes | _____ | **Proportion** | _____ %

Name | _____ | _____ | TIN/SSN | _____ |

Address | _____ |

Notes | _____ | **Proportion** | _____ %

Attention: This is a separate option that you may wish to choose.

CHOICE OF OPTION (D) BENEFICIARY (Monthly benefit)

I hereby nominate the beneficiary* listed below, under the provisions of G.L. c. 32, § 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 superseded if, at my death, I 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, for justifiable cause as determined by the Retirement Board.

* An eligible beneficiary is defined under G.L. c. 32, § 12(2)(d) as the spouse, former spouse who has not remarried, child, father, mother, sister or brother of the member.

BENEFICIARY

_____| Spouse Former Spouse who has not remarried
Name of Eligible Beneficiary Child Father Mother Sister Brother

_____|
Beneficiary's Date of Birth (Attach birth record)

_____|
Beneficiary's Social Security #

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

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. 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.

Signature

I hereby authorize the Treasurer to withhold the proper percent of my regular compensation due on each pay period and to deposit such deductions to my credit in the annuity savings fund of the retirement system. 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 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. In the event that I die before retiring, my beneficiary or beneficiaries may receive survivor benefits or a refund of my accumulated total deductions as allowed by law.

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.

I sign this form under the pains and penalties of perjury. I affirm that the information presented in this form 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.

Employee's Signature (required): _____ **Date** _____

Signature of Witness (required): _____
Witness of Employee's Signature (required)

Name of Witness (Print): _____

Section B: To Be Completed by the Treasurer, or payroll personnel, of Town, School District, or Agency (aka: units)

(Please use APIF form for additional positions.)

Employment Dates

Do you agree with the "First date of work" stated by the employee on page 1 of this form? (Y/N) |

If you do not agree, what do you say the Start Date is for this particular position?

What's the date of the first day of work included in the first deductions you are sending FRRS?

Please explain any No answers: _____

Deduction Rate (check the appropriate box)

9% *New Members Longstanding members: 5% 7% 8%
2% This person is subject to the additional 2%, but it is taken only on the portion of wages that are greater than an annual rate of \$30,000 on a pay period basis.

Employment Status (check all that apply)

Permanent Temporary Interim Elected

Full-time Part-time

Salary Information

When do you pay them?: weekly biweekly monthly other

If it's a School Year schedule, how many school days are they scheduled to work: , and how many
pays: (21, 22, or 24 pays)

How many HOURS are they expected to work each WEEK:

What is the corresponding HOURLY rate: How much is that ANNUALLY:

If you are NOT paying them hourly, how are you paying them? (daily, or are you dividing their annual salary and paying them equal amounts each time?)

Circle one or please describe:

And now, tell us "the numbers" for this NON-Hourly pay pattern:

Number of periods: Rate of pay per period: Annual pay:

Authorized Signature : _____ Date: _____

Print Name:

* 9% for new members starting after July 1, 1996 – (5, 7, and 8% are for people that started as members years ago) (If you have questions, i.e., because the employee said or indicated they have prior governmental employment in Massachusetts, please contact the retirement system (413.774.4837 x1, or debfrontzos.frrsma@gmail.com) and ask which rate to deduct.)

Section C: To Be Completed by the Retirement Board

I have reviewed the above information from the applicant and the treasurer, and unless noted differently, I confirm below the start date, the annual salary, employment status, and deduction rate, and I have determined the following service credit percentage:

Group Classification:

Start Date / /

Annual Salary

Employment Status:

Permanent Temporary Interim

Full-time Part-time

Deduction Rate

5% 7% 8% 9% additional 2%

Service: This and all other membership positions held by this person together are now categorized at the following (circled) percentage.

20-22.99=50%; 23-25.99=60%; 26-28.99=70%; 29-31.99=80%; 32-34.99=90%; 35-40=100%

Signature _____ Retirement staff

Print Name

At its meeting on the date: _____, the Retirement Board

approved , denied this application.

Reason for being denied: