New Member Enrollment Form

Form Last Revised: October, 2001

Retirement Board: Please place your address and phone number here. ▸

LEOMINSTER CONTRIBUTORY RETIREMENT BOARD
ROOM 15 CITY HALL 25 WEST STREET
LEOMINSTER, MA 01453
978-534-7507 OR 978-534-7548

Employee Name

Last | First | M.I. | Social Security # - - | Sex

Address

Street and Number | City/Town | State | Zip | Phone # ( )

Birth Name or Former Name *(if different)* | Date of Birth* | Marital Status ☐ M ☐ S ☐ W ☐ D

Spouse's Date of Birth | # of Children

Agency or Department** | Title/Position | Starting Date of Present Service

*** The retirement board may request a copy of birth records, miltary discharge papers and other pertinent data.** COPY OF BIRTH CERTIFICATE AND VETERAN'S NEED DISCHARGE PAPERS

**** For those retiring from regional or county retirement system, please indentify the community.**

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?
	to	☐ Yes ☐ No
	to	☐ Yes ☐ No
	to	☐ Yes ☐ No

If you wish to purchase past creditable service, you must make that request in writing of the relevant retirement system and produce acceptable proof of such service.

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

Member's Last Name | First | M.I. | Social Security # - -

List prior or current employment with the Commonwealth or one of its political subdivisions (Non-membership) :

EMPLOYER	DATES OF EMPLOYMENT
	to
	to
	to

Are you a Veteran?* ☐ Yes ☐ No Dates of Active Duty Service to

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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. 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. 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 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 _____ Date: _____

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% or 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 _____

Authorized Signature: _____ Date: _____

Print Name

To Be Completed by the Retirement Board:

Membership Date $ Annual Regular Compensation % to be deducted

Group Classification

The member must also complete the *Beneficiary Selection Form.*