

# NEW MEMBER ENROLLMENT FORM

Hampden County Regional Retirement Board

67 Hunt Street – Suite 116

Agawam, Massachusetts 01001

Telephone Number: (413) 737-1344 Fax Number: (413) 732-7999

EMPLOYEE NAME \_\_\_\_\_ SS# \_\_\_\_\_ SEX \_\_\_\_\_  
(Last) (First) (Middle)

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Name of Retirement System \_\_\_\_\_ (If your funds were withdrawn and you wish to redeposit, you must submit a written request to the Hampden County Regional Retirement Board.)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

## \*A COPY OF BIRTH CERTIFICATE & MILITARY DISCHARGE PAPERS MUST BE FILED WITH THE RETIRMENT 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 deduction, 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 9-1-76

**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**

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

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.)

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

**Employee Name** \_\_\_\_\_ **Employee ID#** \_\_\_\_\_

**Employer Name** \_\_\_\_\_ **Employer ID#** \_\_\_\_\_

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 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. 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 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** \_\_\_\_\_

**Information about Social Security Form SSA-1945**  
**Statement Concerning Your Employment in a Job Not Covered by Social Security**

New legislation [Section 413(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/form1945](http://www.socialsecurity.gov/form1945). Paper copies can be requested by email at [oplm.oswm.rqct.orders@ssa.gov](mailto:oplm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in package of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

**HAMPDEN COUNTY REGIONAL RETIREMENT SYSTEM**  
**67 HUNT STREET, SUITE 116 AGAWAM, MA 01001**  
**TELEPHONE: (413) 737-1344; FAX NUMBER: (413) 732-7999**

**PRIOR MASSACHUSETTS PUBLIC EMPLOYMENT INFORMATION**  
**NEW MEMBERS IN THE SYSTEM EFFECTIVE APRIL 2, 2012**

Please be advised, that with the passage of Chapter 176 of the Acts of 2011 there is now a **one year time limit from the date of membership in the retirement system to purchase prior retirement service** with a public employer in the Commonwealth of Massachusetts at a reduced interest rate of one-half (1/2) of the Hampden County Regional Retirement System's assumed actuarial rate of return. If the service is not purchased within this one year period, the member will be charged interest at a rate equal to the full actuarial assumed rate of return.

**If you do not have** any prior service with another public employer in the Commonwealth of Massachusetts, please indicate such, sign and date this form where indicated below and return this form along with the New Member Enrollment Form to the Hampden County Regional Retirement Board at the address listed above.

**If you do have** prior service with a public employer in the Commonwealth of Massachusetts and either took a refund of your annuity savings fund from the retirement system or were never contributing to the retirement system for the time period please provide the Hampden County Regional Retirement Board with the details of the service below so we may contact the other retirement system or Massachusetts public employer. Upon receipt of the information requested, the Hampden County Regional Retirement System will provide you with information regarding the cost in purchasing the time. Return this form along with your New Membership Enrollment Form to the Hampden County Regional Retirement System at the address listed above. If you have any questions, please do not hesitate to contact the Retirement Board. (Please attach a list of additional municipal employment if more space is required.)

Check Box:

- I DO NOT HAVE ANY PRIOR MASSACHUSETTS PUBLIC EMPLOYMENT
- I DO HAVE PRIOR MASSACHUSETTS PUBLIC EMPLOYMENT AS LISTED BELOW:

Municipal Employer	Dates	Refund Y/N
Municipal Employer	Dates	Refund Y/N
Municipal Employer	Dates	Refund Y/N
Municipal Employer	Dates	Refund Y/N
Member's Name Please Print		
Member's Signature	Social Security Number	Date