



**Plymouth County Retirement Association**  
**60 Industrial Park Road**  
**Plymouth, MA 02360**  
**Phone number (508) 830 - 1803 \* Fax number (508) 830 - 1875**

## **NEW MEMBER ENROLLMENT FORM**

### **Section 1 – Member Information (To be completed by member)**

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (First) (Middle) (Last)

Birth Name (if different) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed \* Gender  Male  Female

Spouse's name \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Veteran Status:  No  Yes (If yes, please include a copy of your DD-214)

Governmental Entity \_\_\_\_\_ Agency/Department \_\_\_\_\_  
 (Town/School District/Housing Authority)

**\*THE PCRA will be unable to process this form without a copy of your birth certificate\***

### **Section 2 – Past Governmental Entity (To be completed by member – if applicable)**

Any previous or concurrent employment with the Commonwealth of Massachusetts, County or City/Town?

No  Yes (if yes, please provide history below)

<b>Retirement System</b>	<b>Start Date</b>	<b>End Date</b>	<b>Was a refund taken?</b>
_____	____/____/____	____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	____/____/____	____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	____/____/____	____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes

If you wish to reinstate/purchase a previous refund, please complete and submit a **Refund Buyback Form** to this Board.

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

No  Yes

I certify the above statements are true and correct to the best of my knowledge and under the penalties of perjury and hereby accept membership with the Plymouth County Retirement System.

**Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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**Section 3 – Payroll Information (To be completed by payroll)**

Title/Position \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date First Deduction applies to(if different from Start Date)\_\_\_\_/\_\_\_\_/\_\_\_\_  New  Transfer

Contribution Rate  5%  7%  8%  9%  Additional 2%

Service Status(check all that apply)  Full-Time  % Part-Time  Temp/Sub  Other

Hours of Employment Per Week \_\_\_\_\_ \* Collective Bargaining Agreement:  Yes  No

Rate of Regular Compensation \_\_\_\_\_ Per \_\_\_\_\_ Group \_\_\_\_\_ to be completed by PCRA

**\*As of August 25, 2016, at least 20 hours per week is required to be a member of the Plymouth County Retirement Association**

Payroll Signature \_\_\_\_\_ Date \_\_\_\_\_



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## ACTIVE MEMBER BENEFICIARY FORM

### Section 1 – Member Information

Name \_\_\_\_\_ SS# XXX - XX - \_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 E-mail \_\_\_\_\_ Unit \_\_\_\_\_

**BE SURE TO CAREFULLY READ WHAT EACH BENEFICIARY OPTION PROVIDES BEFORE SELECTING.**

**Member-Survivor (Option D) Beneficiary** – Only one person may be named as a Member-Survivor (Option D) beneficiary. It is limited to a spouse, former spouse not remarried, parent, sibling or child. The beneficiary would receive a monthly survivor allowance equal to the amount you would have received if you had retired under Option C on the date of your passing.

### Section 2 – Member-Survivor (Option D) Beneficiary Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship \_\_\_\_\_ \* Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 \*Limited to spouse, former spouse who has not remarried, parent, sibling or child

**AND / OR**

**Lump-Sum Beneficiary** – You may name one or more Lump-Sum beneficiaries. **There is no restriction on whom the Lump-Sum beneficiary(ies) can be, with the lone exception that it cannot be the same as a Member-Survivor (Option D) beneficiary, if you listed one above.** A Lump-Sum beneficiary would receive a one-time payment of your entire account balance or the percentage allocated to if you name more than one. **If you name both a Member-Survivor (Option D) and a Lump-Sum beneficiary(ies), the Member-Survivor (Option D) beneficiary would receive the entire benefit.**

### Section 3 – Lump-Sum Beneficiary Information

1)Name _____	Percentage <input type="text"/> %
Address _____	
Relationship _____	Date of Birth ____/____/____ SS# _____ - _____ - _____
2)Name _____	Percentage <input type="text"/> %
Address _____	
Relationship _____	Date of Birth ____/____/____ SS# _____ - _____ - _____
3)Name _____	Percentage <input type="text"/> %
Address _____	
Relationship _____	Date of Birth ____/____/____ SS# _____ - _____ - _____

**The total sum of all the percentages above must equal 100%**

**Please be advised that pursuant to Massachusetts law, a surviving spouse may supersede a nominated beneficiary and be awarded any benefits as a result of your passing. If you have any questions, please contact the PCRA.**

Member's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness' Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness' Name (Print) \_\_\_\_\_

# Active Member Beneficiary Form Instructions

## Introduction:

Please complete this **Active Member Beneficiary Form** only if you are an active member currently contributing to the Plymouth County Retirement Association (PCRA) or are an inactive member, but still have contributions in the system.

As an active or inactive member of the PCRA, you should always have a beneficiary on file. In order to name or update your beneficiary(ies), all you would need to do is to complete a new **Active Member Beneficiary Form**. You may do this at any time before you retire. These allocations become void upon your retirement.

Having a beneficiary(ies) on file allows you to designate who should specifically receive any allowance if you should pass away before you retire. The allowance that is paid out will depend on what type of beneficiary that you name, though any selection that you make may be superseded by an eligible spouse (provided that you have been married for at least one year, you have two years of creditable service and have been living with at the time of passing). If you are an inactive member at the time of your passing, then your spouse will not supersede your named beneficiary(ies). If you do not have either a beneficiary on file, an eligible spouse or dependent children, a lump-sum payment will be made to your Estate.

## Beneficiary Types:

There are two types of beneficiaries that you can name, a **Member-Survivor (Option D)** and a **Lump-Sum**. While you can name both types of beneficiaries, you cannot name the same person as both. Additionally, if you do name both types of beneficiaries, in the event of your passing, the Member-Survivor (Option D) beneficiary will receive the entire benefit. As previously noted, an eligible spouse may supersede any beneficiary named, unless you are an inactive member at the time of passing.

The two types of Beneficiary are as follows:

**Member-Survivor (Option D)** – This beneficiary would receive a monthly survivor allowance equal to the amount that you would have received if you had retired under Option C on the date of your passing. Only one person may be named as a Member-Survivor (Option D) beneficiary. It is limited to spouse, former spouse not remarried, parent, sibling or child.

If a spouse is to receive an Member-Survivor (Option D) benefit and the member was an active member at the time of passing and there are dependent children, an additional monthly payment of \$120 for the oldest child and \$90 for each additional child is available.

**Lump-Sum** – This beneficiary(ies) would receive a one-time payment of your entire account balance or the percentage allocated to if you name more than one. Any person(s) or entity(ies), such as an Estate or charity, may be named as a Lump-Sum beneficiary and there is no limit to how many you are allowed to name. If you need more space for additional beneficiaries, please print additional copies of the **Active Member Beneficiary Form** and indicate how many pages submitted.

**B**efore you submit your **Active Member Beneficiary Form**, as a reminder:

- You may name both a Member-Survivor (Option D) beneficiary and a Lump-Sum beneficiary. If you do, the Member-Survivor (Option D) beneficiary will receive the benefits in case of your passing.
- You are not allowed to name the same person as both a Member-Survivor (Option D) and Lump-Sum beneficiary
- An eligible spouse may supersede any beneficiary listed unless you are an inactive member.
- You may change your beneficiary(ies) at any time by completing a new **Active Member Beneficiary Form**.
- Your beneficiary(ies) named will become void when you retire.

**If you have any further questions about naming a beneficiary as an active or inactive member, please feel free to contact the Plymouth County Retirement Association at (508) 830 – 1803.**

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

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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 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 \_\_\_\_\_

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

New legislation [Section 419(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, surviving 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/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto:ofsm.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 packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.