

Plymouth County Retirement Association
10 Cordage Park Circle, Suite 234
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 _____ - _____ - _____

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)

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

Section 2 - Governmental Entity (To be completed by member)

Town _____ Agency/Department _____

Title _____ Starting Date with Agency/Department ____ / ____ / ____

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

_____ No _____ Yes (if yes, please provide history below)

<u>Retirement System</u>	<u>Start Date</u>	<u>End Date</u>	<u>Was a refund taken?</u>
_____	_____	_____	No _____ Yes _____
_____	_____	_____	No _____ Yes _____

If you wish to reinstate/purchase a previous refund, you must submit a written request 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 – Beneficiary Information (To be completed by member)

Beneficiary/ies nominated below will receive the proportion designated any sum due at your death, if you pass away prior to retirement. The right to change any nominated beneficiary is reserved by the member. A Beneficiary Selection Form for Active Members must be used if you wish to change your beneficiary/ies and you may obtain this form from your payroll department or the Plymouth County Retirement Association. **If you wish to name additional beneficiaries, please make a copy of this page.**

A BENEFICIARY BLANK WITH CORRECTIONS OR ERASURES IS NOT ACCEPTABLE

Name _____ Percentage _____

Address _____

Relationship _____ Date of Birth _____

Name _____ Percentage _____

Address _____

Relationship _____ Date of Birth _____

Name _____ Percentage _____

Address _____

Relationship _____ Date of Birth _____

The total of all the percentages above must equal 100%.

Member's Signature _____ Date _____

Witness' Signature _____ Witness cannot be a beneficiary

Witness Name(Print) _____

Section 4 – Payroll Information (To be completed by payroll)

Position _____ Start Date _____

Date of First Deduction(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 _____

***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 _____