



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 no or yes, please complete page 7. If yes, please include a copy of your DD-214)

Governmental Entity _____ CARVER _____ 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)

Retirement System	Start Date	End Date	Was a refund taken?
_____	____/____/____	____/____/____	<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.

Before 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 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

Employee Name: _____

Employee ID#: _____

Employer Name: _____

Employer ID#: _____

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit www.ssa.gov.

For More Information

Social Security publications and additional information are available at www.ssa.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 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of 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

The Social Security Protection Act of 2004, Pub. L. No. 108-203, Section 419 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. Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers must use to meet the requirements of the law.

While the earlier version of the SSA-1945 discussed the effect of the Windfall Elimination Provision and/or Government Pension Offset on an employee's potential future benefits, the Social Security Fairness Act (SSFA) of 2023 enacted on January 5, 2025, eliminated the reduction of Social Security benefits under the Windfall Elimination Provision and/or Government Pension Offset for individuals entitled to certain pensions from work not covered by Social Security, starting January 2024. However, this did not remove the requirement for State and local government employers to provide a statement to employees hired January 1, 2005, or later in jobs not covered under Social Security. This version of SSA-1945 explains to an employee that non-covered earnings will not be used to determine eligibility to or calculate the amount of potential future benefits.

Employers must:

- Get the employee's signature on the form
- Give the signed statement and information page to the employee prior to the start of employment
- 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.

A fillable, downloadable version of the SSA-1945 is available online at the Social Security website, www.ssa.gov/online/ssa-1945.pdf.

VETERANS' BUYBACK AFFIDAVIT

RE: Veterans' Benefits

Dear _____:

As part of legislation signed by the Governor on August 8, 2024, veterans now have up to one year after they become vested (complete ten years of creditable service) with their retirement board to purchase their military time or enter in an agreement to do so, unless you are a member of the National Guard or Reserves, who have five years from the date in which they qualify as a veteran or the date that they qualify for the full four year purchase, whichever date last occurs.

CHOOSE ONE

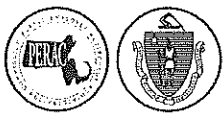
I confirm that **I am not** a veteran and do not qualify to purchase any military time.

I confirm that **I am** a veteran and choose to purchase my military time now (please complete the following Veterans' Buyback Application.

I confirm that **I am** a veteran and acknowledge that I do not want to purchase my military time now, but it is up to me to either buy the time or enter into an installment plan by the timeline stated above (please do not complete the following Veteran's Buyback Application at this time).

Signature

Date



Introduction

Notice of Potential Veterans' Benefits

Pursuant to Massachusetts General Laws, Chapter 32, Section 4(1)(h)
Form Last Revised: August, 2024

The *Notice of Potential Veterans' Benefits Pursuant to Massachusetts General Laws, Chapter 32, Section 4(1)(h)* notifies eligible veterans of their rights to purchase creditable service for their military service. In order to purchase such service, a member must meet the definition of "veteran" in Massachusetts General Laws, Chapter 32, Section 1.

Keep in mind:

- **You may make this purchase at anytime up to one year after you vest in the retirement system. Vesting is defined as having 10 years of creditable service.**
- **National Guard and Reservists who do not qualify as a veteran, per the definition on the veteran's buyback form, within one year of vesting, or who have not reached the maximum of four years of eligible purchase time within one year of vesting, will have additional time to make the purchase. They will have five years from the date in which they qualify as a veteran, or the date that they qualify for the full four-year purchase, whichever date last occurs, to enter into a buyback agreement**
- If you have already been granted creditable service for active duty service under Massachusetts General Laws, Chapter 32, Section 4(1)(h), you are not eligible to apply for additional credit based on that same service.
- You should contact your retirement board for an estimate of the cost of this purchase and payment options.
- Once purchased, a refund of the cost of this service is only available by a refund of all accumulated deductions.

Definition of Veteran Under Massachusetts General Laws, Chapter 32, Section 4(1)(h) and Massachusetts General Laws Chapter 4, Section 7, Clause 43:

Massachusetts General Laws, Chapter 4, Section 7, Clause 43 defines "veteran" to mean any person who served at least 180 days active duty in the Army, Navy, Marine Corps, Coast Guard or Air Force whose last discharge or release was under honorable conditions or any person who served at least 90 days of active duty including at least one-day wartime service. The definition specifically excludes active duty for training for the National Guard and Reserves from qualifying as active duty under this section.

Section 4(1)(h) grants eligible veterans, who were **honorably discharged** or **discharged under honorable conditions**, the right to purchase up to four years to add to their creditable service as a member of a retirement system due to service in the armed forces of the United States.

State Veteran Status Eligibility

To be eligible for veterans' benefits, one must be a "veteran" under M.G.L., c. 4, § 7, cl. 43rd. You must either have 180 days of active service, or failing that, a certain amount of service during "wartime."

See next page for periods of service constituting "wartime" service.



Introduction *(Continued)*

Notice of Potential Veterans' Benefits

Pursuant to Massachusetts General Laws, Chapter 32, Section 4(1)(h)

Form Last Revised: August, 2024

Periods of Service Constituting "Wartime" Service

Era of Service	Dates	Requirement for Veteran Status
WORLD WAR II (Merchant Marine: 7-Dec-1941 through 31-Dec-1946)	16-Sep-1940 25-Jul-1947	90 days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
KOREA	25-Jun-1950 31-Jan-1955	90 days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
Korean Defense Service Medal	28-Jul-1954 (to be determined later)	90 days of active duty service, last discharge under honorable conditions and recipient of the Korean Defense Service Medal.
VIETNAM	5-Aug-1964 7-May-1975	90 days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
Lebanon Campaign*	25-Aug-1982 (to be determined later)	90 days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
Grenada Campaign*	25-Oct-1983 15-Dec-1983	90 days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
Panama Campaign*	20-Dec-1989 31-Jan-1990	90 days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
PERSIAN GULF	2-Aug-1990 (to be determined later)	90 days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.

* Naval and Marine DD-214 must indicate Expeditionary Medal. All DD-214's must specify campaign: Lebanon, Granada, or Panama.

For **GUARD MEMBERS** to qualify they must have 180 days and have been activated under Title 10 of the U.S. Code -**OR**- Members who were activated under Title 10 or Title 32 of the U.S. Code or Massachusetts General Laws, Chapter 33, Sections 38, 40, and 41 must have 90 days, at least one of which was during wartime, per the above chart.

For **RESERVISTS** to qualify, they must have been called to regular active duty for at least 180 days or 90 days, one of which was wartime according to the above chart.

National Guard and Reserve Service

Members who served in the National Guard or Reserves, who qualify as a veteran, may purchase creditable service at a ratio of 5 years of Guard or Reserve service to 1 year of creditable service.

Training Duty Exclusion

For purposes of determining veteran's status active duty service in the armed forces shall not include active duty for training in the Army or Air National Guard or active duty for training as a Reservist in the Armed Forces of the United States.

Minimum Service Exception (For Death or Disability)

It is not necessary that an applicant have completed the minimum service for wartime or peacetime campaign if he/she served some time in the campaign and was awarded the Purple Heart, or suffered a service-connected disability per the Discharge Certificate, or died in the service under honorable conditions.

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board:

Address:

City/Town:

Telephone:

Zip Code:

Fax:

Procedures

You must complete this application and file it with your retirement board no later than 1 year after you vest in the retirement system unless you are a member of the National Guard or Reserves, who have five years from the date in which they qualify as a veteran, or the date that they qualify for the full four-year purchase, whichever date last occurs, to enter into a buyback agreement. You must enclose a copy of your federal form DD-214 with your application.

- Payment of 10% of your salary when you last became a member of a retirement system per year of creditable service being purchase is required. Consult your retirement board for payment options.
- Once your eligibility has been verified you will receive written notification of: (1) the years and months of service you may purchase (not to exceed four years) and (2) the amount owed.
- No refunds are allowed after purchasing this service except by a refund of all accumulated deductions.

Application

To the

Retirement Board:

I respectfully request creditable service for my active service in the armed forces of the United States and Active Reserve or National Guard under the provision of Massachusetts General Laws, Chapter 32, Section 4(1)(h).

Last Name:

First Name:

M.I.:

**Social Security #
(last four):**

***_**_ _____

Phone #:

Street Address:

City/Town:

State:

Zip Code:

Email:

Governmental Unit:

**Date Most Recently Entered
Public Service:**

Date of Honorable Discharge:

Member's Signature:

I sign this application under the penalties of perjury. I affirm that the information presented in this application 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.

Member's Signature:

Date: