

# Member Enrollment Form

Last Revision: March 2016

## BOSTON RETIREMENT SYSTEM

Boston City Hall, Room 816  
Boston, MA 02201

Tel: 617-635-4311

Fax: 617-635-4318

Website: [cityofboston.gov/retirement](http://cityofboston.gov/retirement)

Full Name:		SSN:
Former/Maiden Name:		Date of Birth:
Street Address:		
City:	State:	Zip:
Email:		Phone:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		
Position: _____ Start Date: _____ Agency or Department: _____		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of military service: _____ <small>The retirement law establishes specific periods of active service which may qualify you for certain Veteran benefits. A copy of military discharge (form DD-214) is required.</small>

Past membership history with any other contributory retirement system(s) in Massachusetts:

RETIREMENT SYSTEM	FROM	TO	WAS REFUND TAKEN?	DO YOU WISH TO BUYBACK?*
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*A member who re-enters service and is eligible to purchase creditable service will be billed at the buyback rate if an installment agreement is established within one year of the date of re-entry. The interest rate for a purchase of creditable service after your first year of re-entry is the full actuarial rate which is substantially higher than the buyback interest rate.

Do you currently receive or have you ever received a retirement allowance from another Massachusetts public retirement system? ☐ Yes ☐ No



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Member's Last Name	First	M.I.	SSN
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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: \_\_\_\_\_

Please give these forms to your department representative so they can complete the section below. There are two other forms to complete the enrollment process:

- 1) Beneficiary Selection Form - Lump Sum
- 2) Option D Beneficiary Selection Form (Optional)

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

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

**Department/Agency:** \_\_\_\_\_

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:** \_\_\_\_\_

# Beneficiary Selection Form (Lump Sum)

Last Revision: May 2016

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Boston, MA 02201

Tel: 617-635-4311

Fax: 617-635-4318

Website: [cityofboston.gov/retirement](http://cityofboston.gov/retirement)

I, (Print Name): \_\_\_\_\_, a member of the Boston Retirement System (BRS), hereby request the BRS to pay any sum referred to in G.L. c. 32, § 11(2) due at my death to the following beneficiary or beneficiaries in the proportions designated.

My selection may be superseded by a selection under G.L. c. 32, § 12(2)(d) or if I die leaving an eligible spouse who elects to receive a monthly benefit.

I may change my beneficiary designation at any time.

I understand that my accumulated deductions in my account will be paid to my beneficiary(ies) if my death occurs prior to my retirement.

Any person or entity may be a beneficiary under G.L. c. 32, § 11(2). Give complete name and address of each beneficiary below:

### **Designated Beneficiary(ies) - PRIMARY**

Percentage  
(total must equal 100%)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ %

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ %

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ %

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ %



# Beneficiary Selection Form (Lump Sum)

Last Revision: May 2016

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Member's Last Name	First	M.I.	Member ID#
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## **Designated Beneficiary(ies) – CONTINGENT – (OPTIONAL)**

Percentage  
(total must equal 100%)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ %

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ %

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ %

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ %

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Address: \_\_\_\_\_

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To be completed by witness (or BRS Staff) to member signature above. A designated beneficiary ***cannot*** witness form.

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Witness (Print): \_\_\_\_\_

## Option D Beneficiary Selection Form (If Member Dies Before Retirement)

Last Revision: May 2016

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The *Option D Beneficiary Selection Form* allows a member to select one eligible beneficiary to receive a retirement allowance for life, should the member die before retirement.

Keep in mind:

- An eligible beneficiary- for benefits under G.L c. 32, § 12(2)(d) (“Option D”) is a spouse, former spouse who has not remarried, child, father, mother, sister or brother of the member.
- Your selection on this form may be superseded by an eligible spouse under the provisions of G.L. c. 32, § 12(2)(d) if you die before retirement.
- Should you nominate a person for an Option D benefit, they are ineligible for a lump sum benefit under § 11(2).
- You may update or change this beneficiary selection at any time.
- If you have any questions regarding this option, please contact a member services representative.

## Option D Beneficiary Selection Form

Last Revision: May 2016

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Member's Last Name	First	M.I.	Member ID#
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I, (Print Name): \_\_\_\_\_, hereby nominate the beneficiary\* listed below to receive from the Boston Retirement System, pursuant to G.L c. 32, § 12(2)(d), a benefit equal to the Option C retirement allowance, which would otherwise have been payable to me, in the event that I die before being retired. I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement this form becomes void.

I further understand that this choice of Option D Beneficiary may be superseded if I leave a spouse to whom I have been married for at least one year and with whom I am living with on the date of my death, or if living apart for justifiable cause, and I have at least two years of creditable service.

### Choose ONE Eligible Beneficiary:

☐ Spouse    ☐ Former Spouse (not remarried)    ☐ Child    ☐ Sibling    ☐ Parent

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Name of Eligible Beneficiary

---

Beneficiary Date of Birth (*Attach birth record*)

---

Beneficiary SSN

---

Beneficiary Address

---

Beneficiary Email

---

Beneficiary Phone

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Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Email: \_\_\_\_\_ Member Phone: \_\_\_\_\_

To be completed by witness to member signature above. The designated beneficiary **may not** witness.

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

*\*An eligible beneficiary is defined as the spouse, former spouse who has not remarried, child, parent or sibling of the member.*

