

SAUGUS RETIREMENT ENROLLMENT CHECKLIST

RETURN ALL FORMS & REQUIRED ITEMS WITHIN 2 DAYS TO:

Saugus Retirement Board, 25R Main St, Town Hall Annex, Saugus, MA

Contact 781-231-3633 or 781-231-7656 or Retirement@saugus-ma.gov with any questions.

Office Hours: Monday 7:30-6:00, Tuesday 7:30-4:30, Wednesday 7:30-4:30, Thursday 7:30-4:30
Friday Closed

Employee Name	Employee Received Date	Employee Return Date
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New Member Enrollment Form:

- ☐ Complete Page 1 and 2
- ☐ Member must sign and date middle of 2nd page
- ☐ Attach copy of Members Birth Certificate
- ☐ Attach copy of DD214 Member -4 form if Veteran (if applicable)
- ☐ Attach letter of request for Prior Service Credit (if applicable)

Beneficiary Selection Form:

For Payout of Accumulated Deductions in the event of death of member:

- ☐ At least one beneficiary is provided. If multiple beneficiaries are provided please insure that proportions equal 100%.
- ☐ Member must sign and date the Beneficiary Selection Form
- ☐ Beneficiary Form must be signed by a witness that is NOT listed as a beneficiary. The form may be witnessed at the Retirement Board Office.

Choice of Option (D) Beneficiary

Not required, but if completed allows beneficiary of deceased & vested member to receive prorated annuity payments as if the member had been able to retire under Option (C) at the time of death. See attached.

- ☐ Beneficiary provided must be an eligible relationship*
- ☐ Member must sign and date Option (D) Beneficiary Selection Form
- ☐ Option (D) Beneficiary Form must be signed by a witness that is NOT listed as a beneficiary. The form may be witnessed at the Retirement Board Office.
- ☐ Copy of Birth Certificate for Option (D) Beneficiary
- ☐ Copy of Marriage Certificate if Option (D) Beneficiary is Member's Current or former Spouse

Social Security Form SSA-1945:

- ☐ Complete Page 1 (Mandatory)
- ☐ Member Signature Required

EMPLOYER ONLY- Please attach the following:

- ☐ Copy of Job Posting, Description and Employment Contract
- ☐ Copy of Letter of Hire
- ☐ Copy of Master File Form

***An Eligible Option (D) beneficiary is defined under M.G. L.c.32, s. 12(2) (d) as the spouse, former spouse who has not remarried, child, father, mother, sister or brother of the member.**

New Member Enrollment Form

Form Last Revised: October, 2001

Retirement
Board: Please
place your address
and phone
number here. ▶

Saugus Retirement Board
25R Main St, Town Hall Annex
Saugus, MA 01906
Telephone: 781-231-3633, 781-231-7656 Fax: 781-231-4067
Retirement@saugus-ma.gov

Employee Name

Last First ☐ M.I. Social Security # ☐ Sex

Address

Street and Number City/Town ☐ State Zip Phone #

Birth Name or Former Name (if different) Date of Birth* ☐ M ☐ S ☐ W ☐ D Marital Status

Spouse's Name Spouse's Date of Birth ☐ # of Children

Agency or Department** Title/Position Starting Date of Present Service

* A COPY OF YOUR BIRTH CERTIFICATE IS REQUIRED
IF YOU ARE A VETERAN A DD214 IS NEEDED FOR POTENTIAL BENEFITS

** For those retiring from regional or county retirement system, please identify the community.

Are you retired from any other Massachusetts public retirement system? ☐ Yes ☐ No

Were you ever a member of any other Massachusetts public retirement system? ☐ Yes ☐ No

List prior or current public retirement system membership:

SYSTEM	DATES OF MEMBERSHIP	ARE YOUR FUNDS STILL ON DEPOSIT?
<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you wish to purchase past creditable service, you must make that request in writing of the relevant retirement system and produce acceptable proof of such service.

Did you ever work for or do you currently work for the Commonwealth or one of its political subdivisions for which you were not/are not a contributing member of a retirement system? ☐ Yes ☐ No



**Beneficiary Selection Form
(If Member Dies Before Retirement)**

August 2010



SAUGUS RETIREMENT BOARD
25R MAIN ST, TOWN HALL ANNEX
SAUGUS, MA 01906
TELEPHONE: 781-231-3633, 781-231-7656 FAX: 781-231-4067
RETIREMENT@SAUGUS-MA.GOV

Choice of Beneficiary to Receive a Return of Accumulated Total Deductions at Member's Death

I, (print name) _____ a member of the Town of Saugus Retirement System hereby request the Board of Retirement 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) if I die leaving an eligible spouse who elects to receive a monthly benefit.

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.

*The types of payments covered under G.L. c. 32, § 11(2) include:

- The payment of the accumulated deductions credited to a member's account in the annuity savings fund at the date of death when the member's death occurs prior to his/her retirement.
- The amount of any uncashed checks payable to a member at his or her death.
- Any person or entity may be a beneficiary under G.L. c. 32, § 11(2). Give complete name and address of each beneficiary below:

Primary Name	<input type="checkbox"/> YES <input type="checkbox"/> NO	SSN	Proportion to Pay	%
Address		City	Zip Code	
Date of Birth		Relationship to Member		

Primary Name	<input type="checkbox"/> YES <input type="checkbox"/> NO	SSN	Proportion to Pay	%
Address		City	Zip Code	
Date of Birth		Relationship to Member		

Primary Name	<input type="checkbox"/> YES <input type="checkbox"/> NO	SSN	Proportion to Pay	%
Address		City	Zip Code	
Date of Birth		Relationship to Member		

Primary Name	<input type="checkbox"/> YES <input type="checkbox"/> NO	SSN	Proportion to Pay	%
Address		City	Zip Code	
Date of Birth		Relationship to Member		

Signature
Required

Member's Signature _____ Date _____

Member's Address _____

Signature
Required

To be completed by Witness of Choice for Return of Accumulated Total Deductions:

Name of Witness _____ Date _____

Signature of Witness _____

**WITNESS CANNOT BE A
LISTED BENEFICIARY**

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

Employee Name _____

Employee ID# _____

Employer Name Town of Saugus

Employer ID# 046-001-291

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. 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
Required

Signature of Employee _____

Date _____



TOWN OF SAUGUS

BOARD OF RETIREMENT
CONTRIBUTORY RETIREMENT SYSTEM

Beneficiary Selection Form (If Member Dies Before Retirement)

INTRODUCTION

The Saugus Retirement Board is providing this information to assist active members when completing the member's Beneficiary Selection Form. However, the public employee retirement statute, Chapter 32 of the Massachusetts General Laws, is notoriously complex, and the information contained herein is not a substitute for competent legal advice. Various sections of Chapter 32 will come into play depending upon whether a member dies as a result of an on-duty injury, or leaves a spouse and/or minor children.

The member's Beneficiary Selection Form instructs the Saugus Retirement Board on the placement of your retirement benefits in the event that you should die *prior to retirement*. You have the right at any time prior to retiring to change your beneficiaries.

I. CHOICE OF BENEFICIARY TO RECEIVE A RETURN OF ACCUMULATED DEDUCTIONS AT MEMBER'S DEATH

The first part of the Beneficiary Selection form asks you to name a beneficiary or beneficiaries who, upon your death, will be entitled to receive a one-time payment of your accumulated retirement deductions which have been withheld from your compensation and credited to your account. This is paid in accordance with G.L.C. 32, § 11(2). You can name any person as your beneficiary to receive this benefit. The Board will pay the amount owed to the beneficiary or beneficiaries named on the Beneficiary Selection Form, unless another section of the retirement statute supersedes, as discussed below. This is a lump sum payment without an allowance. The Board cannot return the deceased member's accumulated deductions to the § 11(2) beneficiary if there is an eligible beneficiary nominated under another section of the law, § 12(2) (d), or if there is an eligible spouse, or if there are minor or dependent children.

II. CHOICE OF OPTION D BENEFICIARY

The second page of the form asks you to name a § 12(2) (d) or "Option D" beneficiary. You can name only one Option D beneficiary, and it must be your spouse, child, a former spouse who has not remarried, mother, father, brother or sister. The Option D beneficiary will receive a Member Survivor Allowance for life. There would be no return of the accumulated deductions made to the § 11(2) beneficiary, because the Option D beneficiary's rights are superior.

III. RIGHT OF AN ELIGIBLE SPOUSE

If no Option D election is made, the surviving spouse may have the right to elect an Option D (Member Survivor Allowance as provided in § 12 (2) (d)) at the time of the active member's death. In order for the spouse to qualify, the active member will need to have worked for at least two years and been married for at least one year and be living together. The surviving spouse's right trumps the right of any other beneficiary named by the member. Thus, a member is entitled to name a young child as the Option D beneficiary, knowing that the surviving spouse can always elect to receive the allowance instead of the child.

IV. COMPLETE BOTH SECTIONS OF THE BENEFICIARY SELECTION FORM

Members should make sure to designate both § 11(2) beneficiary or beneficiaries and a § 12(2) (d) beneficiary. If the member should die as the result of an on-duty injury, the accidental death benefit in § 9 provides that accumulated total deductions shall be paid in a lump sum to the named § 11(2) beneficiary. In addition to the lump sum payment, the Board will pay a lifetime allowance to the surviving spouse or other eligible beneficiary. Thus, accumulated deductions can be paid to one person and an allowance paid to a different person, as long as the member has designated a § 11(2) beneficiary. The member can name a spouse or other eligible beneficiary as both the § 11(2) and § 12(2) (d) beneficiary.