

THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

NEW MEMBER ENROLLMENT FORM FOR COMMONWEALTH EMPLOYEES

On behalf of the State Retirement Board I would like to welcome you as a member of the **Massachusetts State Employees' Retirement System ("MSERS")**. The potential benefits available through the retirement system will be some of the most valuable you may have as a public employee.

I would encourage you to visit the Board's web site at mass.gov/retirement to review our **Retirement Benefit Guide** which provides a summary of the retirement benefits available to you. You can also access our online Pension Calculator to get an approximation of your future retirement benefits.

If you are employed by the Commonwealth, you are also eligible to join the **Massachusetts Deferred Compensation SMART Plan**. This optional retirement savings program offers you a convenient way to enhance your state pension while enjoying tax benefits today. Enrollment information is attached to these materials. If you have additional questions, please contact a local SMART Plan representative to learn more. Please email SMART@Empower-Retirement.com or call 877-457-1900 (option 0). Upon enrollment, representatives from the SMART Plan's Retirement Solutions Group will reach out to you to discuss your retirement goals and the options available to you through the SMART Plan.

Another resource to be aware of is the **SMART Retirement & Beyond Seminars**, which are held state-wide during the year exclusively for Massachusetts State Employees. Members learn about the features and latest updates related to their pension benefits, health insurance, and the benefits of investing in the Massachusetts Deferred Compensation SMART Plan. For more information, or to register for a seminar, visit mass.gov/retirement and click on the **MSRB SMART Retirement & Beyond Seminars** link located under "More actions & services."

Understanding your retirement benefits at this stage of your service with the Commonwealth may be equally, if not more, important to you than when you contemplate retirement or separation from service.

Please fully complete the **New Member Enrollment Form** that is attached and return it to your agency's Human Resource or Payroll office. We ask that you pay particular attention to the **Beneficiary Designation** section. The information you provide will be reviewed by Board staff to confirm your eligibility as a member of the MSERS.

If you have any questions concerning your retirement benefits, please call the State Retirement Board staff at (617) 367-7770 or e-mail us at srb@tre.state.ma.us. Once again, welcome and I wish you the best in your future endeavors.

Sincerely,

Deborah B. Goldberg,
Treasurer and Receiver General, Chair

Important Notice to Members who are Entering Service After April 2, 2012

Many of the provisions of the pension reform legislation signed into law in November 2011 (Chapter 176 of the Acts of 2011 as amended) affect new members entering service on or after April 2, 2012.

Even if you entered service prior to April 2, 2012, but then took a refund or a rollover of your retirement contributions, you terminated your membership. If you later return to public service, your new membership date will be the date you re-enter service, even if you buy back any refunded service.

You will also be subject to the retirement benefit changes which went into effect on April 2, 2012. These changes include, but are not limited to:

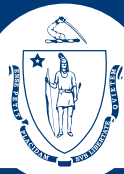
- New age factor table for your retirement benefit calculation
- An increase in the salary average period used to calculate most benefits from 3 years to 5 years
- An increase in the minimum retirement age

Vesting for a Retirement Allowance

Being vested means you are eligible to receive a retirement allowance. You are vested in the State Employees Retirement System if you have at least 10 years of full-time creditable service.

To be eligible to retire and receive a superannuation retirement allowance, you need to meet one of the following conditions:

- You entered state service **prior to** April 2, 2012 and you have 20 years of full-time creditable service at any age, or
- You entered state service **prior to** April 2, 2012 and you attain the age of 55 with 10 years of full-time creditable service, or
- You entered state service **on or after April 2, 2012** and you attain the age of 60 if retiring from Group 1, with 10 years of full-time creditable service.



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**COMMONWEALTH AGENCY
NEW MEMBER
ENROLLMENT FORM**

SECTION A TO BE COMPLETED BY MEMBER - **SECTION B** TO BE COMPLETED BY AGENCY
PLEASE RETURN COMPLETED FORM TO THE MASSACHUSETTS STATE RETIREMENT BOARD

SECTION A - TO BE COMPLETED BY MEMBER

1. MEMBER INFORMATION

Name (Print)		Former Name		SSN	
Street Address		Date of Birth		Gender: M <input type="checkbox"/>	
City	State	Zip Code	Phone Number		F <input type="checkbox"/>
E-Mail					
Marital Status:					
<input type="checkbox"/> Married	<input type="checkbox"/> Single	If Divorced , are you subject to a Qualified Domestic Relations Order?			
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse Date of Birth	
				Spouse Name	
Are you a Veteran?		The retirement law establishes specific periods of active service, which may qualify you for certain Veteran benefits.		Employment (Position Title)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No			Start Date	
Dates of Military Service				WESTFIELD STATE UNIVERSITY	
				Agency or Department	
				(413) 572-8476 or 8730	
				Agency Phone Number	

A copy of your military discharge may be requested

2. PAST MEMBERSHIP HISTORY WITH ANY OTHER CONTRIBUTORY RETIREMENT SYSTEM IN MASSACHUSETTS

Retirement System	Start Date	End Date	Was a Refund Taken?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you wish to reinstate / purchase past creditable service you must make a separate request to the State Retirement Board.

3. ARE YOU CURRENTLY OR HAVE YOU EVER RECEIVED A RETIREMENT ALLOWANCE FROM ANOTHER PUBLIC RETIREMENT SYSTEM?

☐ Yes ☐ No

4. STATEMENT AND SIGNATURE OF MEMBER

I certify the above information to be true and correct to the best of my knowledge and hereby accept membership in the Massachusetts State Employees' Retirement System. This statement is signed under penalties of perjury.

Member Signature

Date

Continued on reverse

NEW MEMBER ENROLLMENT FORM - PAGE 2

SECTION A (CONTINUED)

5. BENEFICIARY INFORMATION

Beneficiary or beneficiaries nominated will receive in the proportion designated any amount 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 blank with corrections or erasures is not acceptable

Give Complete Name and Address of Each Beneficiary

Name:	Designation (Must check 1 box)	Proportion* (Must check 1 box)	DOB:
Street:	<input type="checkbox"/> Primary, <u>OR</u>	<input type="checkbox"/> All, <u>OR</u>	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary, <u>OR</u>	<input type="checkbox"/> All, <u>OR</u>	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary, <u>OR</u>	<input type="checkbox"/> All, <u>OR</u>	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary, <u>OR</u>	<input type="checkbox"/> All, <u>OR</u>	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:

***The totals of all proportions for your primary and contingent beneficiary(ies) MUST equal 100% EACH.**

6. PLEASE SIGN BELOW

Member Signature

Date

Witness Signature

Witness may not be beneficiary

A Change of Beneficiary Form must be used if you wish to change your designated beneficiary(ies). You may obtain this form from the State Retirement Board or mass.gov/retirement.

SECTION B - TO BE COMPLETED BY THE AGENCY

Position: _____ Start Date: _____

State Police Start Date: _____ Date of First Deduction: _____ ☐ New ☐ Transfer

Rate to be deducted for retirement: ☐ 5% ☐ 7% ☐ 8% ☐ 9% ☐ 12%

Service Status: ☐ Full-Time ☐ Part-Time _____% ☐ Temp/Sub _____% ☐ Other _____

Authorized Signature

Date

WESTFIELD STATE UNIVERSITY - WSC201

Agency and Payroll Number