

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

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)

Beneficiary Selection Form (Lump Sum)

Last Revision: May 2016

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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

Member's Last Name _____ First _____ M.I. _____ Member ID# _____

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: _____

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)

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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

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Member's Last Name _____ First _____ M.I. _____ Member ID# _____

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

Name of Eligible Beneficiary _____

Beneficiary Date of Birth (*Attach birth record*) _____

Beneficiary SSN _____

Beneficiary Address _____

Beneficiary Email _____

Beneficiary Phone _____

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.*

