



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 yes, please include a copy of your DD-214)  
Governmental Entity \_\_\_\_\_ PEMBROKE \_\_\_\_\_ 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="radio"/> No <input type="radio"/> Yes
_____	____/____/____	____/____/____	<input type="radio"/> No <input type="radio"/> Yes
_____	____/____/____	____/____/____	<input type="radio"/> No <input type="radio"/> 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  %  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
2) Name \_\_\_\_\_ Percentage  %  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
3) Name \_\_\_\_\_ Percentage  %  
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.

**B**efore 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.**