



46 State House Station
 Augusta, ME 04333-0046
 Telephone: (207) 512-3100
 Toll-free: 1-800-451-9800
 TTY: (207) 512-3102

APPLICATION FOR MEMBERSHIP

- State Teacher Governor
 Legislative Judicial

SIGN AND FORWARD TO THE MAINE PUBLIC EMPLOYEES RETIREMENT SYSTEM WITHIN 7 DAYS OF EMPLOYEE'S EMPLOYMENT DATE.

TO BE COMPLETED BY EMPLOYEE

Gender: Male Female

1 Social Security Number: _____ Date of Birth: _____ E-mail address: _____

2 Member's Name: (Last) _____ (Title) _____ (First) _____ (MI) _____

3 Mailing Address: (Street) _____ (City/Town) _____ (State) _____ (ZIP) _____

4 I wish to join the Maine Public Employees Retirement System and understand that my application and membership are governed by MainePERS laws and rules. I agree to deductions from my compensation at the rate required by MainePERS law for the plan in which I am participating. I hereby certify that all of the statements on this application are true and correct to the best of my knowledge and belief.

FOR THOSE WITH OPTIONAL MEMBERSHIP ONLY. I do not wish to join the Maine Public Employees Retirement System and understand that the opportunity to enroll at any future date will be subject to MainePERS laws and rules. See Section I on reverse for an explanation of the provisions of optional membership.

Employee Signature _____ Signature of Witness _____ Date _____

TO BE COMPLETED BY EMPLOYER

1 Employer Name: _____ If Transferring, Name of Previous Employer (if known): _____

2 If New, First Date of Eligible Employment: _____ If Transferring, First Date of Eligible Employment With You (month/day/year): _____

3 Department: _____ Title of Position: _____

Employer Code: _____ Position Class Code: _____ Plan Code: _____ Personnel Status Code (PSC): _____

(See the MainePERS payroll manual for explanation of codes.)

4 Employee is paid: by Calendar Year (Jan-Dec) by Fiscal Year (July-June) by School Year (Sept-Aug)

Annually, this employee is expected to work: _____ weeks/year _____ days/week _____ hours/day

Applicable rate of pay: \$ _____ /hr.; \$ _____ /day; \$ _____ /year
 (Provide only one hourly, daily or annual rate of pay.)

"Full time" for all employees in this position classification is considered to be: _____ weeks/year _____ days/week _____ hours/day
 \$ _____ /year (The position's Full Time Equivalent or FTE should be entered here.)

If appointed or elected official, indicate beginning and ending dates of term _____ to _____

5 Did employee decline membership on first day of eligible employment? Yes No If "Yes," provide date: _____

Is employee electing not to enroll at this time? Yes No If "Yes" to either, check ONE of the boxes in a-d explaining on what basis the employee declined membership or is electing not to enroll (See Section 1 on reverse for eligibility guidelines.)

a. Substitute teacher member

b. Elected or appointed official

c. Maine Community College System employee electing to participate in an alternative plan provided by MCCC

d. Maine National Guard member who has been on active State service for more than 5 consecutive days after 7/30/2004

6 The above information relating to present employment is true and correct to the best of my knowledge and belief.

Signature of Employer's Contact _____ Date _____

Please print or type name/title _____ Telephone Number _____

NOTE: In accordance with the Personal Privacy Protection Law, you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain member records. The records are necessary to determine eligibility for and calculation of benefits. Failure to provide information may result in ineligibility for benefits. The System may provide certain information to your employer.

PLEASE RETAIN A COPY FOR YOUR RECORDS

Form #CL-0102
 Rev. 3/11

- MainePERS date stamp area -



P.O. Box 349
 Augusta, ME 04332-0349
 Telephone: (207) 512-3100
 Toll-free: 1-800-451-9800
 Fax: (207) 512-3101
 TTY: (207) 512-3102

DESIGNATION OF BENEFICIARY PRE-RETIREMENT DEATH BENEFITS

Please see *Instructions* for important information regarding your designation.

EMPLOYEE

Social Security Number:	<input style="width: 95%;" type="text"/>	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	<input style="width: 95%;" type="text"/>
Home E-mail Address:	<input style="width: 95%;" type="text"/>				
Name:	<input style="width: 95%;" type="text"/>				
	First	Middle	Last	Suffix	
Mailing Address:	<input style="width: 95%;" type="text"/>				
	Street or Box Number	City/Town	State	ZIP Code	

DESIGNATION OF BENEFICIARY - PRIMARY

Name(s) of Primary Beneficiary(ies):	Social Security Number (required):	Date of Birth (required):	Relationship (required):

DESIGNATION OF BENEFICIARY - CONTINGENT

Name(s) of Contingent Beneficiary(ies):	Social Security Number (required):	Date of Birth (required):	Relationship (required):

Note: Contingent beneficiaries will be paid only if primary beneficiaries pre-decease you.

I, the undersigned member of the Maine Public Employees Retirement System, acknowledge that I have read the information for Pre-Retirement Death Benefits, (Form #CL-0722-A), which explains pre-retirement death benefits, and hereby designate the above as my beneficiary(ies).

EMPLOYEE SIGNATURE _____

DATE _____

PLEASE RETAIN A COPY FOR YOUR RECORDS.

INSTRUCTIONS

THE DESIGNATION OF BENEFICIARY PRE-RETIREMENT DEATH BENEFITS FORM

1. The Primary Beneficiary(ies) you name, if living, will receive your retirement benefit at the time of your death. If the Primary Beneficiary(ies) are deceased at the time of your death, the Contingent Beneficiary(ies) you name will receive the benefit.
2. The Employee Signature and Date must be completed for this form to be legally binding.
3. When a beneficiary is not related, state the relationship as "non-relative."
4. If you wish money to go to an organization, designate your Estate as your beneficiary and outline your wishes in your will.
5. If you need more room, attach additional sheets, specify the type(s) of beneficiary(ies) you are naming, and include all requested information. Each additional sheet must be signed and dated to be legally binding.
6. Your Designation of Beneficiary form will be invalid if:
 - you do not sign and date the form
 - the form has been altered or is not legible
 - the form references another document or contains "and/or" or "or" in the designation
 - the designation lists only the first names of the beneficiaries
7. You have the right to change your beneficiary designation(s) at any time, without the consent of any person, by filing a new Designation of Beneficiary form. At your death, your retirement benefit will go to the beneficiary(ies) named on your most recent Designation of Beneficiary form if the signed and dated form was postmarked before your death.
8. If completing the Membership Application and Beneficiary form, return completed forms to your Employer.

If completing Beneficiary form only, mail the completed form to:

Maine Public Employees Retirement System
Attn: Survivor Services
P.O. Box 349
Augusta, ME 04332-0349