SAUGUS RETIREMENT ENROLLMENT CHECKLIST

RETURN ALL FORMS & REQUIRED ITEMS WITHIN 2 DAYS TO:

Saugus Contributoy Retirement Board, 25R Main St, Town Hall Annex, Saugus, MA 01906
Contact 781-558-2903 or 781-558-2892 or scrs@saugusretirement.org 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 Return Date
Employe	ee Name	Employee Received Date	Employee Return Date
New Member Enrollment Form:			
	Complete Page 1 and 2 Member must sign and date m Attach copy of Members Birth 0 Attach copy of DD214 Member Attach letter of request for Prior	Certificate	
Beneficiary Selection Form:			
For Payout of Accumulated Deductions in the event of death of member:			
	equal 100%. Member must sign and date the	ed by a witness <u>that is NOT listed as a ben</u>	
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.			
	Option (D) Beneficiary Form m may be witnessed at the Retire Copy of Birth Certificate for Op	ption (D) Beneficiary Selection Form ust be signed by a witness that is NOT listement Board Office.	
Social Security Form SSA-1945:			
	Complete Page 1 (Mandatory) Member Signature Required		
EMPLOYER ONLY- Please attach the following:			
	Copy of Job Posting, Description Copy of Letter of Hire Copy of Master File Form	on and Employment Contract	

*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.