

RETURN ALL FORMS & REQUIRED ITEMS WITHIN 2 DAYS TO:

Saugus Contributory 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 7:30am-6:00pm, Tuesday thru Thursday 7:30am-4:30pm. Friday Closed

Employee Name

Employee Received Date

Employee Return Date

New Member Enrollment Form:

- Complete Page 2 and 3
- Member must sign the bottom of Page 3
- Attach copy of Members Birth Certificate
- Attach copy of DD214 Member -4 form if Veteran (if applicable)
- Attach letter of request for Prior Service Credit (if applicable)
- If Divorced, attach a copy of QDRO (Qualified Domestic Relation Order)

Beneficiary Selection Form for Refund of Accumulated Deductions:

For Payout of Accumulated Deductions in the event of death of member:

- Complete Page 2
On Page 3, complete Primary Lump-Sum Beneficiary Section. Make sure totals equal 100%.
If applicable, complete Contingent Lump-Sum Beneficiary Section. Make sure totals equal 100%.
- On Page 4, member must sign and date the Beneficiary Selection Form
- Witness (**that is NOT listed as a beneficiary**) must complete and sign. This may be done at the Retirement Board Office.

Beneficiary Selection Form - Option (D):

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.

- Beneficiary provided must be an eligible relationship*
- Member must sign and date Option (D) Beneficiary Selection Form
- Option (D) Beneficiary Form must be signed by a witness **that is NOT listed as a beneficiary**. The form may be witnessed at the Retirement Board Office.
- Copy of Birth Certificate for Option (D) Beneficiary
- Copy of Marriage Certificate if Option (D) Beneficiary is Member's Current or former Spouse

Social Security Form SSA-1945:

- Complete Page 1 (Mandatory)
- Member Signature Required

EMPLOYER ONLY- Please attach the following:

- Copy of Job Posting, Description and Employment Contract
- Copy of Letter of Hire
- Copy of Personal Action Form

**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.*