

# 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](mailto:scrs@saugusretirement.org) with any questions.  
**Office Hours: Monday 7:30am-6:00pm, Tuesday thru Thursday 7:30am-4:30pm. Friday Closed**

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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

## Notice of Potential Veteran's Benefits:

- ☐ Complete Page 3 (Mandatory) Regardless of Veteran Status - Member Signature Required
- ☐ Provide DD214 and/or NGB military record

## 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.*