

Gloucester Contributory Retirement System New Member Instructions

The Retirement Office is located at 127 Eastern Avenue, Lower Level

We are open Monday-Friday 8:30am-4:30 pm

(978)281-9744

Documents to Bring to the Retirement Office. Only copies are required. No originals

- Birth certificate that is issued by the City, Town, County, State or Country you were born in. Keepsakes provided by the hospital will not suffice;
- Marriage certificate issued by the City, Town, County, State, or Country you were married in. Keepsakes issued by the Church will not suffice;
- Your spouse's birth certificate – if the spouse will be named beneficiary;
- If divorced, a divorce decree or DRO (domestic relations order)-separation agreements are not the same and only a divorce decree is required;
- If a veteran – the DD214 form



PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION
FIVE MIDDLESEX AVENUE, SUITE 304 | SOMERVILLE, MA 02145

Introduction

New Member Enrollment

Form Last Revised: February, 2020

The *New Member Enrollment Form* allows a newly hired employee to apply for membership in a public retirement system. The form must be completed by any new employee regardless of his or her past employment with any governmental entity. Certain information on this form must be provided by the Payroll/Personnel Department and verified by the retirement board.

A new member must also complete the *Beneficiary Selection Form for Refund of Accumulated Deductions* and, if applicable, the *Beneficiary Selection Form (Option D)*.

New Member Enrollment

Form Last Revised: February, 2020

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board:	Gloucester Retirement Board		
Address:	P.O. Box 114		
City/Town:	Gloucester, MA	Zip Code:	01930
Telephone:	(978) 281-9744	Fax:	(978) 281-9817

Employee Information

Employee Last Name:	First Name:	M.I.:
Social Security # (Entire #):	Phone #:	Sex:
Street Address:		
City/Town:	State:	Zip Code:
Birth/Former Name (if different)	Email:	
Date of Birth*:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced*	
Spouse's Name:	Spouse's DOB:	# of Children:

Your Retirement Board will request a copy of birth records, military discharge papers and other pertinent data.

*If Divorced and you have a Qualified Domestic Relations Order (QDRO), please attach a copy.

Current/Prior Retirement System Membership

List prior or current public retirement system membership:

Are you retired from any other Massachusetts public retirement system? YES NO

Were you ever a member of any other Massachusetts public retirement system? YES NO

List prior or current public retirement system membership:

SYSTEM	DATES OF MEMBERSHIP		ARE YOUR FUNDS STILL ON DEPOSIT?	
	From:	To:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you wish to purchase past creditable service, please ask your Retirement Board about your options.

Did you ever work for or do you currently work for the Commonwealth or one of its political subdivisions for which you were not/are not a contributing member of a retirement system? YES NO

Member Last Name: First Name: SSN: ***-**-_____

Other Public Employment in Massachusetts

List prior or current public employment in Massachusetts or one of its political subdivisions (Non-membership):

EMPLOYER	DATES OF EMPLOYMENT	
	From:	To:

Veteran Status

Are you a veteran?

YES NO

If **YES**, please enter dates of service and attach a copy of your military discharge papers, Forms DD-214, DD-215, DD-256, NGB 22, or NGB 22A.

DATES OF ACTIVE SERVICE	
From:	To:

I hereby authorize the Treasurer to withhold the proper percentage of my regular compensation due on each pay period and to deposit such deductions to my credit in the annuity savings fund. I understand the full amount of such deductions, with regular interest as provided by law, will be returned to me upon my written request if I terminate my service, unless I plan to accept a position which would entitle me to become a member of any other contributory retirement system in the Commonwealth or other conditions apply. In the event that I die before retiring, my named beneficiary or beneficiaries may receive survivor benefits **OR** a refund of my accumulated total deductions as allowed by law.

I sign this application under the penalties of perjury. I affirm that the information presented in this application is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of my benefits as well as civil and criminal penalties.

Applicant's Signature:

Print Employee's Name:

Employee's Signature: Date:

Member Last Name: First Name: SSN: ***-**-_____

Payroll/Personnel Department

To be completed by Payroll/Personnel Department and verified by Retirement Board:

Check base rate to be deducted for retirement:

5% 7% 8% 9% Additional 2%

If 5%, 7%, or 8%, state reason:

Current Rate of Regular Compensation per Pay Period: \$

Employment Status (Check ALL that apply):

Permanent Temporary Full-time Part-time 50% 75% Other:

Agency/Dept: Title/Position:

Starting Date of Present Position:

Authorized Signature: Date:

Print Name:

Retirement Board

To be completed by Retirement Board:

Membership Date: Annual Regular Compensation: \$
% to be Deducted Current Group Classification:

The member should also complete the *Beneficiary Selection Form (Refund)* or if applicable, the *Beneficiary Selection Form (Option D)*.



PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION
FIVE MIDDLESEX AVENUE, SUITE 304 | SOMERVILLE, MA 02145

Introduction

Beneficiary Selection Form for Refund of Accumulated Deductions (If Member Dies Before Retirement)

Pursuant to Massachusetts General Laws, Chapter 32, Section 11(2)(c)

Form Last Revised: February, 2020

The *Beneficiary Selection Form for Refund of Accumulated Deductions* allows a member to select a beneficiary or beneficiaries to receive payment of accumulated deductions and other payments due a member if the member dies before retirement, as described at Massachusetts General Laws, Chapter 32, Section 11(2)(c).

The following needs to be kept in mind:

- This form must be filed with the retirement board.
- If you have designated an eligible beneficiary who is alive at the time of your death on the *Beneficiary Selection Form for Option D*, then the money in your annuity account will not be disbursed to anyone in a one-time lump-sum payment, even if you have designated them on this form.
- Any person or entity may be designated as your Refund of Accumulated Deductions beneficiary under Section 11(2)(c). You may designate multiple beneficiaries and must indicate the percentage of the annuity account that you wish each beneficiary to receive. The percentages must total 100%.
- Your selection of a beneficiary on this form also may be superseded by an eligible spouse under the provisions of Option D.
- If your personal situation changes (e.g. divorce, a domestic relations order goes into effect, your beneficiary dies), you should file a new form with your retirement board.
- If you file a new Section 11(2)(c) form with your retirement board, it will supersede any and all prior Section 11(2)(c) forms filed previously by you.
- When you sign this form, it should be witnessed by a disinterested party.
- This form becomes void upon your retirement.

Beneficiary Selection Form for Refund of Accumulated Deductions (If Member Dies Before Retirement)

Pursuant to Massachusetts General Laws, Chapter 32, Section 11(2)(c)

Form Last Revised: July, 2019

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board:	Gloucester Retirement Board		
Address:	P.O. Box 114		
City/Town:	Gloucester, MA	Zip Code:	01930
Telephone:	(978) 281-9744	Fax:	(978) 281-9817

Member's Information:

		***-**-_____
Member's Last Name	Member's First Name	Social Security # (last four)
Street Address:		
City/Town:	State:	Zip Code:
Email:		
Phone:		

Choice of Beneficiary or Beneficiaries to Receive a Refund of Accumulated Total Deductions at Member's Death:

- Any person or entity may be a beneficiary under Massachusetts General Laws, Chapter 32, Section 11(2)(c). Give complete name and address of each beneficiary on the next page.

I, (Print Name) _____, a member of the _____ Retirement System hereby request the Retirement Board to pay any sum referred to in Massachusetts General Laws, Chapter 32, Section 11(2)(c) due at my death to the following beneficiary or beneficiaries in the proportions designated on the next pages.

Beneficiary Selection Form for Refund of Accumulated Deductions

Member Last Name: First Name: SSN: ***-**-_____

PRIMARY LUMP-SUM BENEFICIARY(IES)

Do NOT name any one person or entity as a beneficiary more than ONCE in this section.

Primary Lump-Sum Beneficiary Information:			% of Benefit**
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			

*Beneficiary's full Social Security Number (SSN) or Employer Identification Number (EIN), if an organization.
 **Total must equal 100%; if no percentages are indicated, benefit will be allocated equally among lump-sum beneficiaries.

0%

CONTINGENT LUMP-SUM BENEFICIARY(IES)

In the event that none of the named primary lump-sum beneficiary(ies) above, are alive, or, if an organization, still operating, as of your death.

Contingent Lump-Sum Beneficiary Information:			% of Benefit**
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			

*Beneficiary's full Social Security Number (SSN) or Employer Identification Number (EIN), if an organization.
 **Total must equal 100%; if no percentages are indicated, benefit will be allocated equally among lump-sum beneficiaries.

0%

Beneficiary Selection Form for Refund of Accumulated Deductions

Member Last Name: First Name: SSN: ***-**-_____

I understand that my selection may be superseded if I die with an eligible beneficiary under Option D.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement, this form becomes void.

The types of payments covered under Massachusetts General Laws, Chapter 32, Section 11(2)(c) include:

- The one-time payment of the accumulated deductions credited to a member's account in the annuity savings fund at the date of death when the member's death occurs prior to his/her retirement.
- Any amounts payable to a member at his or her death.

Member's Signature:

Print Name:

Signature: Date:

To Be Completed By Witness (should be disinterested party):

Name (Print):

Street Address:

City/Town: State: Zip Code:

Signature: Date:



Introduction

Beneficiary Selection Form - Option D (If Member Dies Before Retirement) Pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d)

Form Last Revised: February, 2020

The *Beneficiary Selection Form - Option D* allows a member to select an eligible beneficiary to receive an allowance if the member dies before retirement. This is the Member Survivor allowance described at Massachusetts General Laws, Chapter 32, Section 12(2)(d) ("Option D").

The following needs to be kept in mind:

- This form must be filed with the retirement board.
- If you designate an eligible beneficiary on this form, and that beneficiary is living at the time of your death, the money in your annuity account will not be disbursed to anyone in a one-time, lump-sum payment, even if you have named them to receive such money on your *Beneficiary Selection Form for Refund of Accumulated Deductions*.
- You may name only one person as the Option D beneficiary. That one person may be your spouse, your former spouse who is not remarried at the time of your death, your child, your father, your mother, your sister or your brother.
- If you select a beneficiary other than the spouse to whom you are married at the time of your death, your selection on this form may be superseded by the eligible spouse under the provisions of Option D if you die before retirement.
- If your personal situation changes (e.g. divorce, a domestic relations order goes into effect, your beneficiary dies), you should file a new form with your retirement board.
- If you file a new Option D form with your retirement board, it will supersede any and all prior Option D forms previously filed by you.
- When you sign this form, it should be witnessed by a disinterested party.
- To cancel an Option D beneficiary designation prior to retirement, your written notice must be filed with the retirement board.
- This form becomes void upon your retirement.

Beneficiary Selection Form - Option D (If Member Dies Before Retirement)

Pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d)

Form Last Revised: July, 2019

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Retirement Board: Please enter your retirement board information here.

Name of Retirement Board: Gloucester Retirement Board
Address: P.O. Box 114
City/Town: Gloucester, MA **Zip Code:** 01930
Telephone: (978) 281-9744 **Fax:** (978) 281-9817

Member's Information:

***.**_ _ _ _ _

Member's Last Name **Member's First Name** **Social Security # (last four)**

Street Address: _____
City/Town: _____ **State:** _____ **Zip Code:** _____
Email: _____
Phone: _____

Choice of Option D Beneficiary

I, (Print Name) _____, a member of the _____ Retirement System, hereby nominate the beneficiary listed below, under the provisions of Massachusetts General Laws, Chapter 32, Section 12(2)(d) to receive from the retirement system a benefit equal to the Option C retirement allowance which would otherwise have been payable to me, in the event that I die before being retired.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement this form becomes void.

I understand that this choice of Option D Beneficiary can be superceded if, at my death, I have at least two years of creditable service and leave a spouse to whom I have been married for over one year and with whom I am living on the date of my death, or if living apart, doing so for justifiable cause as determined by the Retirement Board.

Beneficiary

This person is my: Parent Sibling Unmarried Former Spouse*
 Spouse* Child

Name of Eligible Beneficiary: _____
Beneficiary's Date of Birth: _____ **Beneficiary's Social Security #:** _____
(attach birth record)
Beneficiary's Street Address: _____
City/Town: _____ **State:** _____ **Zip Code:** _____

*If beneficiary is your spouse or former spouse, a copy of your marriage certificate is required

Member's Signature:

Print Name: _____
Signature: _____ **Date:** _____

To Be Completed By Witness (should be disinterested party):

Print Name: _____
Street Address: _____
City/Town: _____ **State:** _____ **Zip Code:** _____
Signature: _____ **Date:** _____

HOW TO CALCULATE YOUR PENSION DEDUCTIONS AND 2% PENSION DEDUCTIONS (AKA 30+)

The 2% is calculated on those that earn over 30K of regular compensation per calendar year.

- Only regular compensation (guaranteed, predictable, regular) is pensionable.
- You will need to know if you are a 5%, 7%, 8% or 9% contribution rate.
- Rate is determined by hire date.
- Prior to 01/01/1975 5%
- 1/1/75-12/31/1983 7%
- 01/01/84-06/30/96 8%
- 07/01/1996-Present 9%

Your biweekly pay:	\$ 300.00 (overtime)
	\$ 800.00 (double time)
	\$ 320.00 (detail)
	\$ 2,300.00 (regular pay) ** subject to pension deductions
	<hr/>
	\$3,720.00 total pay

Step 1 Take your regular compensation and multiply it by your contribution rate.

For instance if you are 8% and got paid regular compensation of \$2,300.00

Take $\$2,300.00 \times 8\% = 184.00$. This equals your pension deduction.

Step 2 Take your regular compensation pay and subtract \$1153.85 which is the biweekly threshold to determine if an additional 2% should be taken out.

(30K divided by 26 pay periods = \$1,153.85)

$\$2,300.00 - \$1,153.85 = \$1,146.15$ which is subject to 2%

$\$1,146.15 \times 2\% = \22.95 as your pension 30+

Step 3 Contact your payroll department if your pension deductions are incorrect.

Chapter 21 of the Acts of 2009, Pension Reform
NEW DEFINITIONS OF REGULAR COMPENSATION EFFECTIVE
JULY 1ST, 2009

This defines wages as base salary.

Payments that are permanent increases to base pay will continue to be regular compensation for retirement purposes.

Incidentals or ONE-TIME payments that are NOT regular and recurring are not regular compensation. Other payments specifically enumerated in the statute WILL NOT be considered regular compensation.

THESE INCLUDE:

“OVERTIME, COMMISSIONS, BONUSES, OTHER THAN COST OF LIVING BONUSES, AMOUNTS DERIVED FROM SALARY ENHANCEMENTS OR SALARY AUGMENTATION PLANS WHICH WILL RECUR FOR A LIMITED OR DEFINITE TERM, INDIRECT, IN-KIND OR OTHER PAYMENTS FOR SUCH ITEMS AS HOUSING, LODGING, TRAVEL, CLOTHING ALLOWANCES, ANNUITIES, WELFARE BENEFITS, LUMP SUM BUYOUTS FOR WORKERS’ COMPENSATION, JOB RELATED EXPENSE PAYMENTS, AUTOMOBILE USAGE, INSURANCE PREMIUMS, DEPENDENT CARE ASSISTANCE, ONE-TIME LUMP SUM PAYMENTS IN LIEU OF UNUSED VACATION OR SICK LEAVE OR THE PAYMENT FOR TERMINATION, SEVERANCE, DISMISSAL, OR ANY AMOUNTS PAID AS PREMIUMS FOR WORKING HOLIDAYS...”

There are TWO EXCEPTIONS to these exclusions from regular compensation, (1) PREMIUMS FOR WORKING HOLIDAYS FOR POLICE OFFICERS, FIREFIGHTERS AND MUNICIPAL EMPLOYEES EMPLOYED AS FIRE ALARM SIGNAL OPERATORS AND MAINTENANCE REPAIRMEN AND (2) PAYMENTS TO TEACHERS FOR ADDITIONAL SERVICES UNDER THE TERMS OF AN ANNUAL CONTRACT IN CONNECTION WITH A SCHOOL LUNCH PROGRAM OR FOR SERVICES IN CONNECTION WITH PHYSICAL EDUCATION AND ATHLETIC CONTESTS.

Section 23 allows payments that otherwise would not be regular compensation under the new definition set forth in a collective bargaining agreement or employment contract in effect on May 1st, 2009 to continue to be regular compensation during the term of the agreement or contract provided that the payments meet the previous definition of regular compensation. In any event, regardless of the length of the contract, all payments made after June 30th, 2012 will be assessed under the new definition of regular compensation. The June 30th, 2012 date is apparently in recognition that many collective bargaining agreements are for a term of three years.

Should anyone have any questions about this information, please contact
The Gloucester Contributory Retirement System Board
978-281-9744

**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

Employee Name _____ Employee ID# _____
Employer Name _____ Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

GLoucester CONTRIBUTORY RETIREMENT SYSTEM BOARD

P.O. Box 114
Gloucester, MA 01930
Tel: (978) 281-9744 Fax: (978) 281-9817
www.gcrsys.com

INSTRUCTIONS FOR WEB ACCESS TO RETIREMENT PORTAL

Pension Technology Group is a public employee pension software company which provides a total pension administration solution to public employee retirement systems. Its underlying technology has been designed for Internet deployment, with all the requisite security infrastructure built into the product at the deepest levels.

The Gloucester Retirement Office offers members of the Gloucester Retirement System the option to view their Retirement Information **on-line** through the introduction of **Webportal**, Pension Technology Group's on-line read only database.

Below are the instructions and some points of clarification:

- In the search bar of your web browser, enter the following URL information: www.gcrsys.com, then click the "Employee/Retiree Web Portal" heading (top right tab).
- To access your information, you will need to create a login by clicking the **Self-Registration** button on the next screen. The office will not have access to your password so please keep your password in a secure place. You will only need to register once. Password can be re-set on Webportal.
- The service is reflected in years and months

1 months = .0083	7 months = .5833
2 months = .1667	8 months = .6667
3 months = .2500	9 months = .7500
4 months = .3333	10 months = .8333
5 months = .4167	11 months = .9167
6 months = .5000	e.g.: 8.1667 = 8 years 2 months
- The system is unable to determine if you went from part-time to full-time or from full-time to part-time so your creditable service may need to be adjusted when you go to retire if you were not always full time.
- If you transferred in within the last 3 years and had service and funds transferred to the Gloucester Retirement System, the system will be unable to breakout your salary history since a lump sum of funds was transferred in.
- If any information is incorrect, please send your inquiry through the Message Tab of WebPortal.
- Should you need to change your beneficiary or address, those forms can be printed on the main web page, at gcrsys.com, click "Members" and "Forms".

Gloucester Retirement hopes this communication will help you as you navigate through Webportal. If you have any questions, please contact the Gloucester Retirement System at (978) 281-9744.