

DUKES COUNTY CONTRIBUTORY RETIREMENT SYSTEM

9 Airport Road, Suite 1
Vineyard Haven, Massachusetts 02568

Telephone (508) 696-3846 • Fax (508) 696-3847

Dear New Employee,

Welcome to the Dukes County Contributory Retirement System. Massachusetts General Law (MGL) Chapter 32 dictates that you become a member of the Dukes County Retirement System if you are hired as a permanent, full-time (20+ hours per week) employee by one of the following municipal units: Up-Island Reg. School District, County of Dukes County, Tisbury, Oak Bluffs, Edgartown, Aquinnah, Chilmark, Gosnold, MV Transit Authority, MV Reg. High School, MV Land Bank, MV Refuse District, MV Commission or Oak Bluffs Water District. Your contribution to the system will be deducted from your paycheck instead of FICA (Social Security). You will have FHI (Medicare @ 1.45%) taken out as well.

Please read the attached enrollment and beneficiary selection forms carefully and fill them out completely. They should be returned to the office from which you received them with the following:

- A copy of your birth certificate
- Your discharge papers if you were in the military (DD-214)
- Your **witnessed** beneficiary selection form (either the Form for the Return of Accumulated Deductions form OR the Option D Beneficiary form – **you cannot select BOTH options**)

Your benefits under the retirement system are explained in a retirement guide offered by the Public Employee Retirement Administration Commission (PERAC). You can access the guide on the internet at the PERAC website under "Publications". The web address is: www.mass.gov/PERAC. More information can also be found on our website: www.dukesretirement.com. If you have any questions, please feel free to call us at (508) 696-3846.

Again, welcome to the Dukes County Retirement System and good luck in your new position!

Sincerely,

Kelly McCracken

Director



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:			
Address:			
City/Town:		Zip Code:	
Telephone:		Fax:	

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)*.

Beneficiary Selection Options

MEMBERS MAY ONLY ELECT **ONE** OF THE FOLLOWING OPTIONS:

Lump Sum Beneficiary (Refund of Accumulated Deductions)

This option allows the member (you) to choose one or multiple beneficiaries to receive a lump sum payment of the accumulated deductions in your annuity savings account at the date of death when your death occurs prior to your retirement. The member's annuity savings account is funded by your contributions deducted from your eligible wages each pay period. Any person (with a Social Security Number) or entity (with a Tax ID number) may be named as a lump sum beneficiary (per MGL c. 32 §11(2)).

Option D Beneficiary

This option allows the member (you) to choose a beneficiary to collect your pension in the event that your death occurs prior to your retirement. By filling out an Option D form, you may choose **one** person as a beneficiary who would receive a lifetime pension upon your pre-retirement death. You may only choose a spouse, former spouse who has not remarried, child, father, mother, sister or brother as an Option D beneficiary (per MGL c. 32 §12(2)(d)).

A choice of an Option D Beneficiary can be superseded if, at your death, you leave a spouse to whom you have been married for over one year and with whom you were living at the date of your death, or if living apart, for justifiable cause as determined by the Retirement Board. If you don't choose Option D **AND** your spouse decides not to take a lifetime allowance, we will give the amount left in your account in one lump sum to your surviving Lump Sum Beneficiary(ies).

*****Choosing a beneficiary is an important decision. If you have ANY questions about your options, please do not hesitate to call us in the Dukes County Contributory Retirement Office at (508) 696-3846.**



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

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Retirement Board: Please enter your retirement board information here.

Name of Retirement Board:	<input type="text"/>		
Address:	<input type="text"/>		
City/Town:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>

Member's Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's Last Name	Member's First Name	Social Security # (last four)	
Street Address:	<input type="text"/>		
City/Town:	<input type="text"/>	State:	<input type="text"/>
Email:	<input type="text"/>		
Phone:	<input type="text"/>	<input type="text"/>	

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.

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:

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.

%

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:

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.

%

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: _____
Address: _____
City/Town: _____ **Zip Code:** _____
Telephone: _____ **Fax:** _____

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:** _____

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 (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit www.ssa.gov.

For More Information

Social Security publications and additional information are available at www.ssa.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 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of 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

The Social Security Protection Act of 2004, Pub. L. No. 108-203, Section 419 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. Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers must use to meet the requirements of the law.

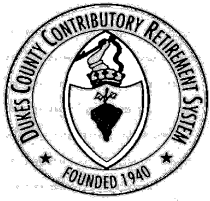
While the earlier version of the SSA-1945 discussed the effect of the Windfall Elimination Provision and/or Government Pension Offset on an employee's potential future benefits, the Social Security Fairness Act (SSFA) of 2023 enacted on January 5, 2025, eliminated the reduction of Social Security benefits under the Windfall Elimination Provision and/or Government Pension Offset for individuals entitled to certain pensions from work not covered by Social Security, starting January 2024. However, this did not remove the requirement for State and local government employers to provide a statement to employees hired January 1, 2005, or later in jobs not covered under Social Security. This version of SSA-1945 explains to an employee that non-covered earnings will not be used to determine eligibility to or calculate the amount of potential future benefits.

Employers must:

- Get the employee's signature on the form
- Give the signed statement and information page to the employee prior to the start of employment
- 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.

A fillable, downloadable version of the SSA-1945 is available online at the Social Security website, www.ssa.gov/online/ssa-1945.pdf.



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Supplemental New Member Enrollment Form

Member's Name: _____

Social Security Number: _____

Regularly scheduled hours per week: _____
(please write variable if hours are not fixed each week)

Covered by a Collective Bargaining Agreement? **YES** **NO**

Elected Official? **YES** **NO**

Work Email Address: _____

Home Email Address: _____

Work Phone: _____

Cell/Home Phone: _____

MAILING Address: _____

Are you retired from a Massachusetts Municipality? **YES** **NO**

Are you currently collecting a retirement allowance? **YES** **NO**

If yes, which retirement system? _____

MGL c.32, §92 States: ...any person who has been retired and who is receiving a pension or retirement allowance, under the provisions of this chapter or any other general or special law, from the commonwealth, county, city, town, district or authority, or any person whose employment, in the service of the commonwealth, county, city, town, district or authority, has been terminated, under the provisions of this chapter or any other general or special law, by reason of having attained an age...may, subject to all laws, rules and regulations, governing the employment of persons in the commonwealth, county, city, town, district or authority, be employed in the service of the commonwealth, county, city, town, district or authority, including as a consultant or independent contractor or as a person whose regular duties require that his time be devoted to the service of the commonwealth, county, city, town, district or authority during regular business hours for not more than one thousand two hundred hours in the aggregate, in any calendar year; provided that the earnings therefrom when added to any pension or retirement allowance he is receiving do not exceed the salary that is being paid for the position from which he was retired or in which his employment was terminated plus \$15,000; provided however that in the first 12 months immediately following the effective date of retirement, the earnings received by any person when added to any pension or retirement allowance the person is receiving shall not exceed the salary that is being paid for the position from which the person was retired or in which the person's employment was terminated.

Signature: _____ Date: _____