

# APPLICATION FOR MEMBERSHIP

- State     Teacher     Governor  
 Legislative     Judicial

**SIGN AND FORWARD TO THE MAINE PUBLIC EMPLOYEES RETIREMENT SYSTEM WITHIN 7 DAYS OF EMPLOYEE'S EMPLOYMENT DATE.**

## TO BE COMPLETED BY EMPLOYEE

Gender:  Male     Female

**1** Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**2** Member's Name: (Last) \_\_\_\_\_ (Title) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

**3** Mailing Address: (Street) \_\_\_\_\_ (City/Town) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

- 4**  I wish to join the Maine Public Employees Retirement System and understand that my application and membership are governed by MainePERS laws and rules. I agree to deductions from my compensation at the rate required by MainePERS law for the plan in which I am participating. I hereby certify that all of the statements on this application are true and correct to the best of my knowledge and belief.
- FOR THOSE WITH OPTIONAL MEMBERSHIP ONLY.** I do not wish to join the Maine Public Employees Retirement System and understand that the opportunity to enroll at any future date will be subject to MainePERS laws and rules. **See Section I on reverse for an explanation of the provisions of optional membership.**

Employee Signature \_\_\_\_\_ Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY EMPLOYER

**1** Employer Name: \_\_\_\_\_ If Transferring, Name of Previous Employer (if known): \_\_\_\_\_

**2** If New, First Date of Eligible Employment: \_\_\_\_\_ If Transferring, First Date of Eligible Employment With You (month/day/year): \_\_\_\_\_

**3** Department: \_\_\_\_\_ Title of Position: \_\_\_\_\_

Employer Code: \_\_\_\_\_ Position Class Code: \_\_\_\_\_ Plan Code: \_\_\_\_\_ Personnel Status Code (PSC): \_\_\_\_\_

(See the MainePERS payroll manual for explanation of codes.)

**4** Employee is paid:  by Calendar Year (Jan-Dec)     by Fiscal Year (July-June)     by School Year (Sept-Aug)

Annually, this employee is expected to work: \_\_\_\_\_ weeks/year    \_\_\_\_\_ days/week    \_\_\_\_\_ hours/day

Applicable rate of pay: \$ \_\_\_\_\_ /hr.;    \$ \_\_\_\_\_ /day;    \$ \_\_\_\_\_ /year  
(Provide only one hourly, daily or annual rate of pay.)

"Full time" for all employees in this position classification is considered to be: \_\_\_\_\_ weeks/year    \_\_\_\_\_ days/week    \_\_\_\_\_ hours/day  
\$ \_\_\_\_\_ /year (The position's Full Time Equivalent or FTE should be entered here.)

If appointed or elected official, indicate beginning and ending dates of term \_\_\_\_\_ to \_\_\_\_\_

**5** Did employee **decline membership** on first day of eligible employment?  Yes     No    If "Yes," provide date: \_\_\_\_\_

Is employee **electing not to enroll** at this time?  Yes     No    If "Yes" to either, check **ONE** of the boxes in a-d explaining on what basis the employee declined membership or is electing not to enroll (See Section 1 on reverse for eligibility guidelines.)

a. Substitute teacher member  
 b. Elected or appointed official  
 c. Maine Community College System employee electing to participate in an alternative plan provided by MCCC  
 d. Maine National Guard member who has been on active State service for more than 5 consecutive days after 7/30/2004

**6** The above information relating to present employment is true and correct to the best of my knowledge and belief.

Signature of Employer's Contact \_\_\_\_\_ Date \_\_\_\_\_  
Please print or type name/title \_\_\_\_\_ Telephone Number \_\_\_\_\_

**NOTE:** In accordance with the Personal Privacy Protection Law, you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain member records. The records are necessary to determine eligibility for and calculation of benefits. Failure to provide information may result in ineligibility for benefits. The System may provide certain information to your employer.

**PLEASE RETAIN A COPY FOR YOUR RECORDS**

**SECTION I**  
**Explanation of Provisions of Optional Membership in MainePERS**

The following explanations reference the Optional Membership choice in the Employee Section 4, which the employee completes, and Employer Section 5 a.-d. which the employer completes.

- a. Substitute teachers.
- b. State Employees who are elected officials or officials appointed for a fixed term (not including Legislators).
- c. Individuals employed in certain positions within the Maine Community College System (MCCS).
- d. Maine National Guard members who have been on active State service for more than 5 consecutive days.

Any employee with optional membership has only one opportunity to join or not join MainePERS. The choice the employee makes when hired applies to all periods of employment in any optional membership position with the same employer. For this purpose, "same employer" is defined as employers sharing the same Employer Identification Number (EIN).

**SECTION II**  
**Information Regarding Effective Date of Membership**

For all employees, the effective date on which an employee is joining MainePERS, to be provided in Section 2 on the reverse, is the first day for which contributions will be deducted from the employee's earnable compensation; it is not the payday on which the first payroll check will have deductions for MainePERS. For example, consider a payroll period from January 1 through January 14, with a payday of January 19. An employee becomes eligible to join MainePERS on January 8 and chooses to do so. The effective date of membership is January 8, and contributions should be deducted accordingly.