

P.O. Box 349 Augusta, ME 04332-0349 Telephone: (207) 512-3100 Toll-free: 1-800-451-9800 Fax: (207) 512-3101 Maine Relay: 711

## APPLICATION FOR MEMBERSHIP

TO BE COMPLETED I	BY EMPLOYEE	Gender:	Male O	Female	Non- Binary	Phone:	(207) 512-3200	
Member's Name:	Brian			Johnson				
	(Prefix)	(First)	(	MI)	(L	.ast)	(Suffix)	
Social Security Number:	Date of Birth:	E-mail Address:						
999770001	01/01/1970	employer@maine	pers.org					
Mailing Address:	123 Maine Street		Augu	sta		ME	04330	
	(Stre	eet/ PO Box)	, ,	(City/T	Town)	(State)	(ZIP)	
<ul> <li>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.</li> <li>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.</li> </ul>								
<ul><li>☐ I am a MainePERS retiree returning to work with an employer participating in the same plan from which I retired.</li><li>TO BE COMPLETED BY EMPLOYER</li></ul>								
Employer Location Code: Employer Location Name:								
Membership Start Date (mm/dd/www): If PLD eligibility is based on hours, total hours worked: in the								
last 12 consecutive months:  01/01/2010 in the last 18 consecutive months:								
	n Manager				Position Cla		09906	
Plan Class: 110	AC .	Personnel S	Status Code:		Rate S	Schedule:	11	
(See the MainePERS payroll manual for explanation of codes.)								
Employee is  by ( paid: (Jan-De	Calendar Year ec)	by Fiscal Yea June)		by Schoo ept-Aug)	ol Year	by S (Aug-Ju	School Year ıly)	
Is employee electing no on what basis the empl a. Substitute teached b. Elected or appoint c. Maine Communided. Maine National Control of the compensation plant g. Chief administration h. PLD employee in Law i. Current employee If your PLD has joint through the PLD Control on what is the control of the co	oyee declined meer member nted official ty College Systen Guard member wh a position cover tee of a PLD elect (s) that meets the tive officer of a PL a the Consolidate the of an entity on the	embership or is electing to has been on act led by a Social Secting to participate in requirements of 5 LD d Plan who is not so the date that it beconstribution (401(a))	g to particip ive State se urity Section an employ MRSA §18 ubject to th mes a PLD and/or defo	enroll ate in an ervice for a n 218 agr er provide 252-B e Municip	alternative more than 5 reement ed defined o al Public En	plan provi 5 consecu contributio mployees (457) plan	tive days after on or deferred Labor Relations (s) offered	

The above information relating to present emplo	yment is true and correct to the bes	t of my knowledge.	
T MainePERS		03/07/2022	
Certifying Official Signature		Date	
T MainePERS			
Print/ Typed Name	Phone	E-mail	
NOTE: In accordance with the Personal Privacy Protecti Security Law, the Retirement System is required to main calculation of benefits. Failure to provide information ma your employer.	itain member records. The records are ne	cessary to determine eligibility for and	

PLEASE RETAIN A COPY FOR YOUR RECORDS

Form #CL-0102 Rev. 2/21