

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



TO BE COMPLETED B	Y EMPLOYEE	Gender: 💿	Male \bigcirc Female	F	hone:	207-512-3200		
	laha			Binary				
Member's Name:	John (Prefix)	(First)	(MI)	ohnson (Last)		(Suffix)		
Social Security	Date of Birth:	E-mail Address:	(1011)	(Last)		(Sullix)		
Number: 999880008	01/01/1955	employer@mainepe	ers.org					
		,	_					
Mailing Address:	234 Main Street		Augusta			04330		
 (Street/ PO Box) (City/Town) (State) (ZIP) 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. I am a MainePERS retiree returning to work with an employer participating in the same plan from which I retired. 								
TO BE COMPLETED BY EMPLOYER								
		Employer Location						
Employer Location Code:	P0999	Employer Location Name:	MAINEPERS					
Membership Start Date	(mm/dd/yyyy):	PLD eligibility is bas		hours worked: consecutive mo				
09/01/2020 in the last 18 consecutive months:								
Title of Position: Town	Clerk			Position Class (09901		
Plan Class: 110A	<u>.</u>	Personnel Sta	itus 53	Rate Sch	ula.	96		
(See the MainePERS particularEmployee is paid:✓ by Car (Jan-Dec	alendar Year	r explanation of co by Fiscal Year (June)			□ by S Aug-Ju	School Year ly)		
Is employee electing not to enroll at this time? O Yes O No If "Yes" check ONE of the boxes in a - i explaining on what basis the employee declined membership or is electing not to enroll a. Substitute teacher member b. Elected or appointed official c. Maine Community College System employee electing to participate in an alternative plan provided by MCCS								
 d. Maine National Guard member who has been on active State service for more than 5 consecutive days after 7/30/2004 e. PLD employee in a position covered by a Social Security Section 218 agreement f. Non-PST employee of a PLD electing to participate in an employer provided defined contribution or deferred compensation plan(s) that meets the requirements of 5 MRSA §18252-B g. Chief administrative officer of a PLD h. PLD employee in the Consolidated Plan who is not subject to the Municipal Public Employees Labor Relations Law 								
 i. Current employee of an entity on the date that it becomes a PLD If your PLD has joined the defined contribution (401(a)) and/or deferred compensation (457) plan(s) offered through the PLD Consolidated Plan, does this employee participate in either of those plans? 								

The above information relating to present employ	ment 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 Protection Security Law, the Retirement System is required to main calculation of benefits. Failure to provide information may your employer.	tain member records. The records are ne	cessary to determine eligibility for and		

Form #CL-0102 Rev. 2/21