



46 State House Station
 Augusta, ME 04333-0046
 Telephone: (207) 512-3100
 Toll-free: 1-800-451-9800

APPLICATION FOR MEMBERSHIP

Sign and forward to the Maine Public Employees Retirement System within seven (7) days of employee's employment date.

TO BE COMPLETED BY EMPLOYEE

Gender: Male Female

Member's Name:

(Prefix)	(First)	(MI)	(Last)	(Suffix)

Social Security Number:	Date of Birth (mm/dd/yyyy):	E-mail address:

Mailing Address:

(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. See Section I on reverse for an explanation of the provisions of optional membership.

TO BE COMPLETED BY EMPLOYER

Employer Location Code:	Employer Location Name:

Membership Start Date (mm/dd/yyyy)	If PLD eligibility is based on hours, total hours worked in the last 12 consecutive months: _____
	in the last 18 consecutive months: _____

Title of Position:	Position Class Code:

Plan Class:	Personnel Status Code:	Rate Schedule:

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

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

Is employee electing not to enroll at this time? Yes 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 (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 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? Yes No

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

Submit

_____ Certifying Official Signature	_____ Date
_____ Print/Typed Name	_____ Phone
	_____ E-mail

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.