

P.O. Box 349 Augusta, ME 04332-0349

LIMITED PERIOD OPEN ENROLLMENT **APPLICATION FOR MEMBERSHIP**

	DV ENDL OVE			
TO BE COMPLETED	BY EMPLOYER	Gender: Male Female	□ X Phone: □ Home/□	Cell
Member's Name:				
(Prefix)	(First)	(MI)	(Last)	(Suffix)
Social Security Number:	(*)	Date of Birth (mm/dd/yyyy):	Personal E-mail Address:	(=====,
		(, , , , , , , , , , , , , , , , , , ,		
Mailing Address:				
Walling Address.				
(0)			(City/Taxwa)	(04.44)
,	eet/PO Box)	D. (;) (0)	(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 <u>after-tax deductions</u> from my compensation at the rate required by MainePERS law for the plan in which I am participating. I understand that this election is final and applies to all current and any future employment I have with this employer in a position with optional membership.				
I do not wish to join the Maine Public Employees Retirement System.				
0: 1				
Signature			Date	
TO BE COMPLETED	BY EMPLOYER	R		
Employer Location Code:	Employer Location	Namo:		
Employer Location Code.	Employer Location	i Name.		
Original Hira/First Fligibility Da		Mambarahin Start/Dartiains	ation Bosin Data (mm/dd/ssss)	
Original Hire/First Eligibility Da	ite (mm/dd/yyyy):	Membership Start/Participa	ation Begin Date (mm/dd/yyyy):	
Title of Position: Position Class Code:				
Plan Class:	Personnel Status	Code: Rate Schedule:		
(See the MaineDEDS neveral manual for evaluation of codes)				
(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)				
If PLD eligibility is based on hours, total hours worked in the last 12 consecutive months:				
Please indicate which open enrollment period applies by placing a check in the appropriate box:				
a. Employee has more that b. Open Enrollment during c. Open Enrollment during d. Open Enrollment during e. Open Enrollment during f. Open Enrollment during November 1, 2021 and	employee's first year employee's second y employee's third yea employee's fourth ye g employee's fifth ye	of employment rear of employment r or employment ar of employment	employee whose fifth year of er	mployment anniversary falls between
The above information relating to present employment is true and correct to the best of my knowledge.				
Employer Section Completed	By (Signature)		Date	
Print/Typed Name		F	Phone	E-mail