



# Luzerne County Employees' Retirement System

## Form 1: Enrollment

Member Name	M F	Member SS #	Date of Birth
Address		Date of Hire	Annual Salary/Rate
City, State, Zip		Home Phone	Business Phone
Department Name and No.		Department Phone #	Position

### Part A - NEW MEMBER CONTRIBUTION AGREEMENT

The County is providing benefits on the 1/70th Class basis and your membership will be in that Class. The County Pension Law, Act 96 of 1971 as amended, requires you to contribute 5% of your salary, which will be credited to your individual member account. The retirement board has designed that the required member contribution is considered "pickup contributions" in accordance with IRC Section 414(h)(2) and is not subject to Federal income taxes in the year the contributions are made. Rather, taxation will be deferred until such a time as these contributions are distributed upon termination or retirement from county service. You also have the privilege of contributing up to an additional 10% of your salary on a voluntary contributions, however, may only be contributed on an "after tax" basis

I request that my Voluntary **after-tax** contributions (0-10%) be \_\_\_\_\_ % of my gross pay. This voluntary contribution is authorized by my signature on page 2 of this form.  
(e.g. 8% after-tax will result in a total of 13%)

### Part B - BENEFICIARY DESIGNATION

**MARRIED -** If I am married and did not name my spouse as 100% Primary Beneficiary, I have completed the Spousal Consent section on Page 2.

**UNMARRIED -** I understand any beneficiary designation becomes null and void in the event of my marriage. I will promptly inform my Plan Administrator of any change in my marital status.

I understand that if I outlive my Primary Beneficiary, benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies). (If additional space is required, please attach a separate page providing all designation information and the percentage share for each.) Extra Sheet Attached  
(Check here)

#### Primary

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Share \_\_\_\_\_ %  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security #: \_\_\_\_\_

#### Contingent:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Share \_\_\_\_\_ %  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security #: \_\_\_\_\_

#### Contingent:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Share \_\_\_\_\_ %  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security #: \_\_\_\_\_

#### Contingent:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Share \_\_\_\_\_ %  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Completed form should be sent to: Richard Hummer, Pension Coordinator  
Luzerne County, 20 North Pennsylvania Blvd., Wilkes-Barre, PA 18701



# Luzerne County Employees' Retirement System

## Form 1: Enrollment (continued)

Member Name (from pg 1)	Member SS #:	Date of Birth
-------------------------	--------------	---------------

**Part C - PREVIOUS EMPLOYMENT (if applicable)**

I was previously employed by Luzerne County.      Per Diem      CETA      Other

Department Name	Position	Service From	Service To
-----------------	----------	--------------	------------

**Part D - SPOUSAL CONSENT (must be completed if spouse is not listed as the primary beneficiary in Part B)****SPOUSAL CONSENT SIGNATURE MUST BE WITNESSED**

I understand that my spouse has chosen not to name me as his/her sole primary beneficiary. I also understand that if I do not sign this Spousal Consent, I will be treated as my spouse's sole primary beneficiary under the Plan.

By signing this Spousal Consent, I hereby consent to my spouse's designation of the person(s) named on the beneficiary form as my spouse's primary and contingent beneficiaries. I acknowledge that by consenting I am forgoing all rights to any survivor benefit plan under the Plan (except to the extent I am listed as one of the beneficiaries on Page 1).

By signing this Spousal Consent, I certify that, as of the date set forth below, I am legally married to the Participant whose name appears on this form.

Participant's Spouse:

Name (print) : \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Signature of \_\_\_\_\_  
 Participant's Spouse \_\_\_\_\_ Date Signed \_\_\_\_\_

**WITNESSED BY: (Spousal Consent Signature MUST be Witnessed)**

Witness Name (print): \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Signature of Witness: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Part E - PARTICIPANT/DEPARTMENT SIGNATURES (both signatures required by Retirement Office)**

Signature of Participant	Date Signed	Department Head/Director	Date Signed
--------------------------	-------------	--------------------------	-------------

Completed form should be sent to: Richard Hummer, Pension Coordinator  
 Luzerne County, 20 North Pennsylvania Blvd., Wilkes-Barre, PA 18701