

**VERMONT MUNICIPAL EMPLOYEE'S RETIREMENT SYSTEM
NOTIFICATION OF EMPLOYMENT**

109 State St, 4th Fl · Montpelier, VT 05609 · Phone (802) 828-2305 · Fax (802-828-5182)

This form shall be completed and forwarded to this office **at time of employment** for any person to be regularly employed as follows: 24 or more hours per week and 1040 hours a year for any municipality, or 30 or more hours per week and 1040 hours a year for any school district. **PLEASE PRINT OR TYPE INFORMATION BELOW:**

EMPLOYEE INFORMATION

Date of Birth Mo Day Yr		Male () Female ()	Marital Status Single <input type="checkbox"/>
Last Name			Married <input type="checkbox"/>
First Name	M.I.		Divorced <input type="checkbox"/>
Address			Widowed <input type="checkbox"/>
Town/City		State	Widower <input type="checkbox"/>
			Civil Union <input type="checkbox"/>
			Social Security Number - -
			Zip Code

I certify the above information to be complete and accurate to the best of my knowledge and belief. **I understand that I must participate in the Vermont Municipal Employees' Retirement System, as participation is a condition of my employment.** I hereby consent and agree to deductions for that purpose and understand that the full amount of deduction from my compensation, with allowable interest thereon, will be returned to me if I leave service without a retirement benefit or will be paid to my beneficiary if I die before qualifying for such a benefit.

Date _____ Signature _____

EMPLOYER INFORMATION

Name and Phone # of Employer (Payroll Unit) (802)	Payroll Unit #:	Date of Hire:
Employees Position or Title	Projected Annual or Contracted Salary: MUST BE ENTERED \$	
What Group(s) Will the New Hire Be Eligible for? GROUP A _____ GROUP B _____ GROUP C _____ GROUP D _____ DEFINED CONTRIBUTION _____	Type of Year Worked: Calendar Year (All year round): _____ School Year: _____	

PAYROLL OFFICER TO COMPLETE AND RETURN TO RETIREMENT SYSTEM UPON TERMINATION OF SERVICE

This is to certify that _____ terminated service
(Name of Employee)

with the _____ effective _____
(Name of Employer) (Date)

Date _____ Signed _____
(Payroll Officer)