



PART I - Member Information

Member Full Name

Date of Birth Full SSN Non-work Phone

Home Address

Non-work Email

Gender ☐ Female ☐ Male Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Member Date of Hire

Has this member worked for you in the past, or been with a previous PMRS employer? ☐ Yes ☐ No
(If yes, please see service and portability instructions)

PART II - Employer Information

Employer Name

Municipal Code

Contact Name

Contact Title Contact Work Phone

Contact Email

By signing, I certify that I am an authorized representative of the employer and that the information provided above is true and accurate.

Employer Signature

Date of Signature

Employee Signature

Date of Signature

See reverse for instructions and important information



INSTRUCTIONS

Who completes the form and why?

The employer completes this form to enroll an employee in a PMRS-administered pension plan.

When must the form be submitted?

Submit this form within 10 days of the employee becoming eligible for membership in the pension plan. Please consult your plan documents for eligibility requirements.

Do you have previous service or portability options?

If you checked yes that your employee previously worked for you or a previous PMRS employer, they must contact PMRS to reinstate previous service or to review portability options.

Instructions for submitting the form:

- Complete all fields.
- Print legibly in blue or black ink, or type on form, then print and save. Ensure signature is of authorized employer representative.
- Retain a copy of the form for auditing purposes.
- Return the form via mail to PMRS. Include a \$20 check made payable to:

Pennsylvania Municipal Retirement System
P.O. Box 1165
Harrisburg, PA 17108-1165