

EMPLOYEES' RETIREMENT SYSTEM – STATE OF HAWAII
201 Merchant Street, Suite 1400
Honolulu, Hawaii 96813-2980
Phone: 586-1735

Return this form to your Personnel Office immediately.

MEMBERSHIP ENROLLMENT FORM

PART I (MEMBER TO COMPLETE – PLEASE PRINT)

Name _____ S.S.No. _____
Last First Middle

Former Name (as State/County employee) _____ Birth Date ____/____/____

Mailing Address _____ [] Female [] Male
Number / Street / PO Box City State Zip Code

[] State [] County of _____ Department/Division/School _____

Marital Status: [] Single [] Married Business Phone No. _____

Are you currently employed by another State/County agency? [] No [] Yes (Specify below)

[] State [] County of _____ Department/Division/School _____

MEMBERSHIP STATUS: (Check and complete Section A, B, C or D)

_____ **A. NEW MEMBER**

- You were never a member of the Employees' Retirement System (ERS) PRIOR to your present employment.
- You will be enrolled in the Hybrid Plan unless you are employed in a position which requires you to be a member of the Contributory Plan (police officer, fire fighter, judge, elected/legislative officer or an investigator in a designated category).

_____ **B. ERS RETIREE RETURNING TO SERVICE**

- You will be a member of the SAME retirement plan that you retired from unless you are receiving service-connected occupational disability retirement.
- Notify the ERS immediately of your return to work.
- Indicate the plan you retired under (check one): [] Contributory [] Noncontributory [] Hybrid

_____ **C. TRANSFER** Transferring from State to County or vice versa.

_____ **D. RETURNING MEMBER**

- You terminated or resigned and you are now back in service after a break in service of at least 1 working day.
- Check the one situation (item 1-9) that best describes your circumstance.

- _____ 1. You are returning to service as a police officer, fire fighter, judge, elected/legislative officer or an investigator in a designated category. Check with your personnel office if this is applicable to you.
- You will be enrolled in the **Contributory Plan**.
 - Complete Form EC&B-24 (Claim for Service) if you were in the (1) Noncontributory Plan and terminated service with less than ten (10) years of service; or (2) Contributory or Hybrid Plan and your contributions were refunded after termination.

- _____ 2. You were a Contributory Plan member who, while employed by the State or a county: (1) made a voluntary election to join the Noncontributory Plan (not applicable to the 1984 election); AND (2) received a refund of the contributions you made after December 31, 1987.
- You will be enrolled in the **Noncontributory Plan** unless your new employment is in a position requiring membership in the Contributory Plan (see item 1).
 - Complete Form EC&B-24 (Claim for Service) to list your previous service.

Membership at the time of termination or resignation: HYBRID PLAN

- ___ 3. CONTRIBUTIONS NOT REFUNDED AFTER TERMINATION
 - You will be enrolled in the **Hybrid Plan**.
- ___ 4. CONTRIBUTIONS REFUNDED AFTER TERMINATION
 - You will be enrolled in the **Hybrid Plan**.
 - Complete Form EC&B-24 (Claim for Service) to list your previous service.

Membership at the time of termination or resignation: NONCONTRIBUTORY PLAN

- ___ 5. TEN (10) OR MORE YEARS OF CREDITED NONCONTRIBUTORY SERVICE (VESTED)
 - You will be enrolled in the **Hybrid Plan**.
- ___ 6. LESS THAN TEN (10) YEARS OF CREDITED NONCONTRIBUTORY SERVICE (NOT VESTED)
 - You will be enrolled in the **Hybrid Plan**.
 - Complete Form EC&B-24 (Claim for Service) to list your previous service.

Membership at the time of termination or resignation: CONTRIBUTORY PLAN

- ___ 7. FIVE (5) OR MORE YEARS OF CREDITED SERVICE AND CONTRIBUTIONS NOT REFUNDED (VESTED)
 - You must decide within 30 calendar days of your return to service whether you wish to transfer to the Hybrid Plan. Your selection must be made on Form EC&B 125, Contributory/Hybrid Plan Election Form within 30 calendar days of your return to service or you will remain in the Contributory Plan.
 - If you transfer to the Hybrid Plan, your department will refund any contributions you made since your return to service in excess of the required contributions for the Hybrid Plan.
- ___ 8. LESS THAN FIVE (5) YEARS OF CREDITED SERVICE AND CONTRIBUTIONS NOT REFUNDED (NOT VESTED)
 - You will be enrolled in the **Hybrid Plan**.
 - If you returned to service after four calendar years of your termination your Contributory Plan contributions will be refunded to you:
 - (1) Upon your return, if the total amount of your contributions and any interest is \$1,000 or less, OR
 - (2) Upon your request, if the total amount of your contributions and any interest is more than \$1,000. If you **DO NOT** request a refund within 30 calendar days of your return to service, your contributions will be refunded to you when you retire, terminate service, or become 62 years old. To apply for a refund of your Contributory Plan contributions at this time, you must complete and return Form 16, Application for Refund of Accumulated Contributions within 30 calendar days of your return.
- ___ 9. CONTRIBUTIONS REFUNDED AFTER TERMINATION
 - You will be enrolled in the **Hybrid Plan**.
 - Complete Form EC&B-24 (Claim for Service) to list your previous service.

Employee Signature _____ Date _____

**COMPLETE AND ATTACH: Form 1A, Designation of Beneficiary (Contributory and Hybrid Plan members)
Form EC&B-24, Claim for Service (returning members, if applicable)**

PART II (EMPLOYING AGENCY TO COMPLETE)

- 1) Review form for completeness.
- 2) If former non-member (NS, NE, etc.) becomes a member, attach a copy of non-member Personnel Action form.
- 3) NEW and RETURNING Contributory (Class A, B, D) or Hybrid (Class H) members must complete Form 1A, Designation of Beneficiary. Returning members should list any previous service on Form EC&B-24, Claim for Service.
- 4) Complete: Group Code _____ Retirement Class Code A ___ B ___ C ___ D ___ H ___
 State ___ County ___ Present Employment Date _____

This Membership Enrollment Form (EC&B 1) must be stapled to the Personnel Action form and Form 1-A (for Contributory and Hybrid Plan members).

Personnel Office / Staff Name (Print)

Phone Number

Date