

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

**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

Marital Status [ ] Married [ ] Single Home/Cell Phone No. \_\_\_\_\_

Are you currently employed by another State/County agency? [ ] No [ ] Yes (Specify below)  
[ ] State [ ] County of \_\_\_\_\_ Department/Division/School \_\_\_\_\_

I acknowledge receiving a copy of the brochure entitled "Your Employees' Retirement System" \_\_\_\_ (Employee Initials)

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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**PART II (EMPLOYING AGENCY TO COMPLETE)**

- 1) Review Part I 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) or Hybrid (Class H) members should complete a NEW Form 1-A, Designation of Beneficiary.
- 4) Returning members should list any previous service on Form EC&B-24, Claim for Service.
- 5) Issue brochure "Your Employees' Retirement System" to employee
- 6) Complete: [ ] State or [ ] County of \_\_\_\_\_ Department \_\_\_\_\_  
Present Employment Date \_\_\_\_\_ Group Code \_\_\_\_\_  
Retirement Class Code (provided by ERS): \_\_\_\_\_

**This membership Enrollment Form (ERS-1) MUST be stapled to the Personnel Action Form (for non-electronic reporting departments only) and Form 1-A (for Contributory and Hybrid Plan members).**

Personnel Office / Staff Name (Print)

Phone Number

Date