

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)

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