



# GOVERNMENT EMPLOYEES RETIREMENT SYSTEM

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## MEMBERSHIP RECORD

To constitute a permanent record of the Employees Retirement System of the Government of the Virgin Islands and to be used in establishing the rights, privileges and benefits of employees participating in the System. The information to be given on this form is strictly confidential and is only for the use of the Retirement System. Please observe carefully the following instructions in completing this record.

### INSTRUCTIONS:

1. Please **complete** and **print** all information on the form.
2. State your full name. Do not use initials. A married woman should give her full maiden name as well as her married name.
3. No prior service credit can be granted until this form is completely filled out and filed with the System. When dates upon which employment began or was terminated cannot be given exactly, give the approximate date – for example, as "about September 1934"; or when the month is unknown "about 1921".
4. Include in the statement concerning prior service only the time during which you were actually employed by and were receiving pay from the Government or from the Federal Government in the Virgin Islands. Also exclude service for contractual work for the Government.
5. You may designate more than one person to be your beneficiary.

### MEMBERSHIP RECORD CHECK LIST

Please be sure to attach the following documents to your membership record:

- Social Security Card (copy)
- Birth Certificate
- Picture I.D.
- DD214 Military Form (if applicable)
- Beneficiary's Social Security Number
- Beneficiary's Date of Birth



**3. FAMILY DATA**

Members of Family	Name	Gender	Date of Birth	Social Security Number
Your Husband or Wife				
Children	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	Father's Name			Alive <input type="checkbox"/> Deceased <input type="checkbox"/>
	Mother's Name			Alive <input type="checkbox"/> Deceased <input type="checkbox"/>

4. Have you any written or printed record showing your date of birth, such as a Birth Certificate, Passport or Naturalization Certificate?  Yes  No

If the answer is "Yes", please submit copy to System \_\_\_\_\_ (Document Name)

If the answer is "No", please take steps at once to obtain such a record since it will be required as additional proof of your age.

**SERVICE DATA**

5. Name of Department in which now employed: \_\_\_\_\_

6. Title of your present position: \_\_\_\_\_

7. Present Rate of Pay: (without maintenance)	Bi-weekly	Per Annum
	\$	\$
Present Rate of Maintenance (if any)		

Nature of Maintenance Allowance: \_\_\_\_\_

8. Date when employment in any Government Department began: \_\_\_\_\_ (m m) (d d) (y y y y)



# DESIGNATION OF BENEFICIARY

Active     Retiree

Employee No. \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone No. \_\_\_\_\_

In accordance with the provisions of the law governing the Employees Retirement System of the Government of the Virgin Islands, I, \_\_\_\_\_, designate the following as my beneficiary or beneficiaries in the event of my death:

[1] \_\_\_\_\_  
(Print Name in full)                      (Beneficiary's date of birth)                      (Beneficiary's SSN)                      (Relationship)

whose address is: \_\_\_\_\_

[2] \_\_\_\_\_  
(Print Name in full)                      (Beneficiary's date of birth)                      (Beneficiary's SSN)                      (Relationship)

whose address is: \_\_\_\_\_

[3] \_\_\_\_\_  
(Print Name in full)                      (Beneficiary's date of birth)                      (Beneficiary's SSN)                      (Relationship)

whose address is: \_\_\_\_\_

[4] \_\_\_\_\_  
(Print Name in full)                      (Beneficiary's date of birth)                      (Beneficiary's SSN)                      (Relationship)

whose address is: \_\_\_\_\_

In the event the foregoing named person(s) do not survive me, my beneficiary shall be:

[1] \_\_\_\_\_  
(Print Name in full)                      (Beneficiary's date of birth)                      (Beneficiary's SSN)                      (Relationship)

whose address is: \_\_\_\_\_

***If more than one beneficiary is named, the benefit is to be paid equally or on the survivor basis. Any prior designation of beneficiary filed by me is hereby revoked.***

***If the beneficiary or beneficiaries herein nominated shall not survive me and no other written nomination shall have been filed by me with the System, then the beneficiary shall be in the order named: (a) my spouse; (b) my children and descendants thereof by representation; or (c) my parents.***

***The system is hereby requested and directed to make this designation a part of my Membership Record.***

*Continued on the reverse side*

***I reserve the right to change my beneficiary at any time by filing with the Board of Trustees of the Employees Retirement System of the Government of the Virgin Islands, written notice of such change, duly acknowledged before a Notary Public.***

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Territory of the U.S. Virgin Islands    }  
District of                                    } ss:

On this \_\_\_\_\_ day of \_\_\_\_\_, before me personally appeared \_\_\_\_\_,  
known to be the individual whose named is subscribed in the foregoing instrument and acknowledge that \_\_\_\_\_  
executed the same as \_\_\_\_\_ free and voluntary act.

\_\_\_\_\_  
Notary Public

Commission Expires \_\_\_\_\_