

**DESIGNATION OF RETIREMENT SYSTEM-TIER-PLAN-BENEFICIARY-
Probate Judges and Employees Retirement System Only**

CHECK TYPES OF ACTIONS BEING SUBMITTED ON THIS FORM - THEN CONSULT APPLICABLE INSTRUCTIONS

NEW EMPLOYEE
 RE-EMPLOYED
 COURT TRANSFER
 EMPLOYEE NAME AND/OR ADDRESS CHANGE
 CHANGE IN BENEFICIARY(IES) NAME AND/OR ADDRESS

I. EMPLOYEE PERSONAL INFORMATION

| | | | | | | | | |
|--------------------------------------------------------------------|------------|------|--------------|---------------------|---------------|-----|--------------------------|--------------------------|
| EMPLOYEE NAME Last Name | First Name | M.I. | EMPLOYEE NO. | SOCIAL SECURITY NO. | DATE OF BIRTH | SEX | MALE | FEMALE |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| EMPLOYEE'S HOME ADDRESS (Street No., Name) (City, State, Zip Code) | | | | | | | | |

| | | | |
|----------------|----------------------------------|------------------|----------------|
| MARITAL STATUS | MARRIED <input type="checkbox"/> | DATE OF MARRIAGE | NAME OF SPOUSE |
| | SINGLE <input type="checkbox"/> | | |

II. EMPLOYMENT INFORMATION

| | | |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| EMPLOYING COURT | PROBATE DISTRICT # (COMP CL CODE) | COURT ADDRESS |
| EMPLOYMENT DATE/EFFECTIVE DATE | EMPLOYMENT STATUS Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> | SOCIAL SECURITY COVERAGE YES <input type="checkbox"/> NO <input type="checkbox"/> |
| IS EMPLOYEE CURRENTLY EMPLOYED WITH ANOTHER PROBATE COURT? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If YES, provide Court Name |
| HAS EMPLOYEE WORKED FOR A PROBATE COURT BEFORE? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If YES, provide Court Name and termination date |

III. RETIREMENT INFORMATION

Membership:

Judges of Probate Court in good standing are members of the retirement system; however, for judges first elected for a term beginning on or after January 5, 2011 membership is limited to those judges who work in such capacity for at least one thousand (1,000) hours per year.

Any person employed by a Probate Court for more than four hundred and thirty (430) hours per year, or a person who served for more than 430 hours per year performing under any contract of employment with any Probate Court are members of the retirement system; however, for persons first employed or first serving on or after January 1, 2011, the hourly requirement is one thousand (1,000) hours per year.

Contributions:

You and the Probate Court Administration Fund share the cost of your retirement benefits.

For both Judges and employees, the amount of your contributions to the retirement fund depends on whether or not your employment within the Probate Court is covered by Social Security. If your employment **is not** covered by Social Security, your contributions must equal three and three quarters percent (3 3/4%) of your gross pay. If your employment is covered by Social Security, your contributions equal one percent (1%) of that part of your gross pay on which Social Security taxes are withheld and three and three quarters percent (3 3/4%) of your gross pay above the Social Security taxable wage base.

The following link will bring you to the probate judges and employees retirement information on the Office of the State Comptroller's website:
<http://www.osc.ct.gov/rbsd/pjers/summary.htm>

IV. BENEFICIARY INFORMATION If there are more than (4) beneficiaries designated, check the box to the right and attach an additional CO-931P form listing additional beneficiaries.

| NAME OF BENEFICIARY | | | SOCIAL SECURITY NUMBER | NAME OF BENEFICIARY | | | CONTINGENT <input type="checkbox"/> | SOCIAL SECURITY NUMBER |
|----------------------------|------------|------|------------------------|----------------------------|-------------------------|------|-------------------------------------|------------------------|
| Last Name | First Name | M.I. | | Last Name | First Name | M.I. | | |
| ADDRESS (Street No., Name) | | | RELATIONSHIP | ADDRESS (Street No., Name) | | | RELATIONSHIP | |
| (City, State, Zip Code) | | | PERCENT | DATE OF BIRTH | (City, State, Zip Code) | | | PERCENT |
| | | | | | | | | |

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STATE OF CONNECTICUT
 OFFICE OF THE STATE COMPTROLLER
 RETIREMENT SERVICES DIVISION

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|----------------------------|------------|---------------|-------------------------|----------------------------|---------------|------|-------------------------------------|------------------------|
| NAME OF BENEFICIARY | | | SOCIAL SECURITY NUMBER | NAME OF BENEFICIARY | | | CONTINGENT <input type="checkbox"/> | SOCIAL SECURITY NUMBER |
| Last Name | First Name | M.I. | | Last Name | First Name | M.I. | | |
| ADDRESS (Street No., Name) | | | RELATIONSHIP | ADDRESS (Street No., Name) | | | RELATIONSHIP | |
| (City, State, Zip Code) | PERCENT | DATE OF BIRTH | (City, State, Zip Code) | PERCENT | DATE OF BIRTH | | | |

V. MEMBER'S STATEMENT

I have read the information provided on this form and understand the provisions of the retirement system I am enrolled in and that I am required to make contributions towards my retirement.

Further, I hereby revoke all previous appointments of beneficiaries made by me, if any, and designate the person(s) named above as beneficiary(ies) such person(s) to receive upon my death any lump sum benefits due me from the Probate Judges and Employees Retirement System. This designation shall remain in effect unless I subsequently change it by written notice to the Retirement Services Division.

| | |
|--------------------------------------|-------|
| EMPLOYEE'S SIGNATURE | DATE |
| AUTHORIZED COURT SIGNATURE (& TITLE) | PHONE |
| | DATE |

Forward completed form to: Retirement Services Division, 165 Capitol Avenue, Hartford, CT 06106. The Court should retain one copy and provide one copy to the employee.