

## CORP New Hire Notification Form

*To be used for ALL membership positions effective September 1, 2019*



All information below must be completed on date of hire and submitted to the CORP Administrative Office in order to establish employee's profile for employee to access plan and rate election, as applicable, via their secure Members Only account. Please print legibly.

### MEMBER INFORMATION

First Name	Middle Name	Last Name																				
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Social Security Number	Date of Birth (MMDDYYYY)	Gender																				

Physical Address/PO Box	Apt. No.	City	State	Zip Code										
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Personal Email		Phone Number With Area Code												

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

### EMPLOYER ACKNOWLEDGEMENT

EMPLOYER: \_\_\_\_\_ AOC:  Yes or  No

Date of Hire	Position or Classification
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I hereby acknowledge that this person is a full time (40+ hours) employee and the Date of Hire and Position or Classification information provided above corresponds with the information in our personnel files.

Date	Telephone Number	Signature & Title of Authorized Employer Representative
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<b>SUBMIT FORM</b>	By Fax: <b>(602) 296-2368</b> Do not include a cover sheet	By Email: ActiveMembersGroup@psprs.com	By Mail: <b>CORP</b> <b>3010 E. Camelback Rd., Suite 200</b> <b>Phoenix, AZ 85016</b>
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## BENEFICIARY DESIGNATION

		<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>										
Member First Name	Member Last Name	Social Security Number										

In the event of death, only a beneficiary who qualifies under statute will be eligible to receive monthly survivor pension benefit. If no survivor pension is payable, then the noted beneficiaries would receive a lump sum payment of any accumulated contributions you made to the system.

**INSTRUCTIONS:** Please list your beneficiaries' information below. To designate more than two primary or contingent beneficiaries, use additional copies of this page as needed. **PLEASE KEEP YOUR BENEFICIARY DESIGNATION CURRENT AT ALL TIMES.**

**1. Primary Beneficiary(s):** Indicate percentages if naming more than one primary beneficiary. Percentages should total 100 percent (including any other primary beneficiaries noted on additional pages). After the death of all primary beneficiaries, any benefits payable will be paid to the contingent beneficiary(s)

Name of Primary #1	Birthdate	Relationship	Percentage
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Primary Address	Primary Phone
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Name of Primary #2	Birthdate	Relationship	Percentage
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Primary Address	Primary Phone
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**2. Contingent Beneficiary(s):** Indicate percentages if naming more than one contingent beneficiary. Percentages should total 100 percent (including any other contingent beneficiaries noted on additional pages). After the death of all primary beneficiaries and contingent beneficiaries, any benefits payable will be paid to the nearest next of kin as determined by the Local Board.

Name of Contingent #1	Birthdate	Relationship	Percentage
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Contingent Address	Contingent Phone
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Name of Contingent #2	Birthdate	Relationship	Percentage
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Contingent Address	Contingent Phone
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<b>Member Signature</b>	<b>Date</b>
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