

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

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

CO-931P REV. 8/2015 page 1 of 2

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	DATE OF BIRTH		

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

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

CO-931P REV. 8/2015 page 2 of 2

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, 55 Elm Street, Hartford, CT 06106. The Court should retain one copy and provide one copy to the employee.