PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

SELECT THE PLAN THAT APPLIES:

☐ PLAN A ☐ PLAN B

PERSONAL HISTORY FOR MEMBER ENROLLMENT

******PERSONS WHO WORK LESS THAN 28 HOURS PER WEEK ARE NOT ELIGIBLE FOR MEMBERSHIP******

Section 1 – General Information

PLEASE USE FULL LEGAL NAME – MUST INCLUDE A COPY OF A GOVERNMENT ISSUED IDENTIFICATION		
First Name:	Middle (or Maiden):	Last Name:
Social Security No.: MUST Attach copy of card	Date of Birth:	Telephone:
Mailing Address:	City, State, Zip:	
Email Address:		

Marital Status – **Must Select only ONE option.**

☐ Never Married ☐ Legally Married ☐ Divorced ☐ Widowed

Section 2 – Designation of Primary Beneficiary (Prior to Retirement Eligibility)

I do hereby designate the following beneficiary as the *Primary* beneficiary to whom I request the Board of Trustees of the Parochial Employees' Retirement System of Louisiana to pay, in the event of my death before retirement, the total amount of the accumulated contributions and death benefit, if any, standing to my credit in the Retirement System.		
First Name:	Middle (or Maiden):	Last Name:
Social Security No.:	Date of Birth:	Relationship:
Mailing Address:	City, State, Zip:	
Email Address:		Telephone:
Designation of Secondary Beneficiary Information		
First Name:	Middle (or Maiden):	Last Name:
Social Security No.:	Date of Birth:	Relationship:

I hereby authorize the Board of Trustees of the Retirement System to make payment to the beneficiary whom I have above nominated and agree on behalf of myself and my heirs and assigns that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit. I hereby direct that, should I survive the before mentioned beneficiary, the amount which otherwise would have been payable to the beneficiary shall be paid to my estate, or to such other beneficiary as I shall hereafter nominate by written designation filed with the Parochial Employees' Retirement System of Louisiana in accordance with the rules and regulations prescribed by the Board of Trustees.

Member Signature / Date:

EMPLOYER SECTION

**** NOTICE: IF MEMBERSHIP AND HIRE DATES ARE DIFFERENT, PLEASE ENCLOSE A WRITTEN EXPLANATION ****	
TO BE COMPLETED BY EMPLOYER ONLY	
Name of Employing Parish or Agency:	
**Date of Membership *(REQUIRED -DATE EMPLOYER BEGAN WITHHOLDING CONTRIBUTIONS):*	
Date of Hire:	Job Title:
I DO HEREBY CERTIFY THAT THE FORGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	

Signature of Authorized Parish or Agency Representative / Date :

*If over the age 55 at the time of employment, the election form for new employees age 55 or older MUST be attached.

*Please send a copy of the SSA 1945 form each employee should complete when hired.

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name: _____

Employee ID#: _____

Employer Name: _____

Employer ID#: _____

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit www.ssa.gov.

For More Information

Social Security publications and additional information are available at www.ssa.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778 or contact your local Social Security office.

I certify that I have received Form SSA-1945 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of my potential future Social Security Benefits.

Signature of Employee: _____

Date: _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

The Social Security Protection Act of 2004, Pub. L. No. 108-203, Section 419 requires State and local government employers to provide a statement to employees hired January 1, 2005, or later in a job not covered under Social Security. Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers must use to meet the requirements of the law.

While the earlier version of the SSA-1945 discussed the effect of the Windfall Elimination Provision and/or Government Pension Offset on an employee's potential future benefits, the Social Security Fairness Act (SSFA) of 2023 enacted on January 5, 2025, eliminated the reduction of Social Security benefits under the Windfall Elimination Provision and/or Government Pension Offset for individuals entitled to certain pensions from work not covered by Social Security, starting January 2024. However, this did not remove the requirement for State and local government employers to provide a statement to employees hired January 1, 2005, or later in jobs not covered under Social Security. This version of SSA-1945 explains to an employee that non-covered earnings will not be used to determine eligibility to or calculate the amount of potential future benefits.

Employers must:

- Get the employee's signature on the form
- Give the signed statement and information page to the employee prior to the start of employment
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

A fillable, downloadable version of the SSA-1945 is available online at the Social Security website, www.ssa.gov/online/ssa-1945.pdf.