



Accumulation Program for Part-time and Limited-service Employees
Acknowledgement and Designation of Beneficiary Form

Employer: \_\_\_\_\_ [ ] New Enrollment [ ] Address Change [ ] Beneficiary Change
[ ] Name Change - Please insert former name here \_\_\_\_\_ and fill in new name below. You must provide documentation of proof of name change (ie. Copy of Marriage Certificate, Social Security Card, etc.).

Participant Information (please print legibly)

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female \_\_\_\_\_
(Last, First)

Address: \_\_\_\_\_
(Street / PO Box) (Apt. #) (City, State Zip)

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Beneficiary Designations If you need more space than provided below, please attach an additional page.

Check one: [ ] I am married and designate the following person(s) to receive death benefits from the Plan.
[ ] I am single and designate the following person(s) to receive death benefits from the Plan.
Primary Beneficiary Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent: \_\_\_\_\_
Contingent Beneficiary Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent: \_\_\_\_\_
SPOUSAL CONSENT
I consent to this designation that eliminates all or part of the benefits otherwise payable to me from the plan if my spouse dies.
Spouse Consent Signature \_\_\_\_\_ Date \_\_\_\_\_ Notary Public or Employer \_\_\_\_\_

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

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500-\$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security Publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.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. Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037.

Form SSA-1945(12-2004)

Employee Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Submit completed form to:
MidAmerica Administrative Solutions
211 E Main Street, Suite 100, Lakeland, FL 33801
Fax: (863) 686-9727