

**CITY OF OKEECHOBEE GENERAL EMPLOYEES'  
RETIREMENT SYSTEM**

**NEW EMPLOYEES' ACKNOWLEDGEMENT  
OF PLAN MEMBERSHIP FORM**

**TO: Board of Trustees**

1. I hereby acknowledge all the terms and conditions of the City of Okeechobee General Employees' Retirement System; and
2. I have been furnished with a Summary Plan Description.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

**NEW EMPLOYEE INFORMATION:**

DATE OF HIRE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

STARTING SALARY: \$ \_\_\_\_\_ ANNUALLY

LEGAL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Board of Trustees:      Date Accepted: \_\_\_\_\_

By: \_\_\_\_\_

☐ Emailed to Plan Administrator  
on: \_\_\_\_\_ by: \_\_\_\_\_

☐ Original to Personnel File

☐ Employee Copy with Plan  
Summary attached