

THE CITY OF BALTIMORE EMPLOYEES' AND ELECTED OFFICIALS' RETIREMENT SYSTEMS

7 East Redwood Street -- 13th Floor Baltimore, Maryland 21202-3470 Phone 443-984-3200 Fax 410-528-8428

ENROLLMENT FORM

Name: First Middle Initial Last			SSN:		
First	Middle Initial Last				
	Street				
City		State		Zip	
Gender: Male	☐ Female	Date of Birth	Date of Birth:		
Marital Status (check one): ☐ Single		■ Married	☐ Married ☐ Widowed ☐ Divorced		
Department Name:					
Job Title:					
Department Numbe	r:	Location N	Location Number:		
Date you began pre	esent continuous servi	ice with city:			
Previous Membersh	nip 🗆 Yes 🔲 N	lo If yes, provi	de dates of serv	vice.	
From	To	Fron	n	To	
From	To	Fron	n	To	
Spouse Name:		Date	Date of Birth*:		
Child(ren) Name:			Date(s) of Birth*:		
Parent(s) Name:		Dat	Date(s) of Birth*:		
_					
*	If family member is dec	eased, write "dec	ceased" for date o	of birth.	
Signature:		Date	e:		