



Employees' and Elected Officials' Retirement Systems

**7 East Redwood Street, 13th Floor
Baltimore, Maryland 21202-3470**

Phone: 443-984-3200 Fax: 443-853-3767

Member Self-Service Portal: bcers.org (Member Services)



Enrollment Form

Name: _____ Last 4 SSN: _____
First Middle Initial Last

Home Address: _____
Street

City _____ State _____ Zip _____

Gender: Male Female Date of Birth: _____

Marital Status (check one): Single Married Widowed Divorced

Department Name: _____

Job Title: _____

Department Number: _____ Location Number: _____

Date you began present continuous service with city: _____

Previous Membership Yes No If yes, provide dates of service.

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

Spouse Name: _____ Date of Birth*: _____

Child(ren) Name: _____ Date(s) of Birth*: _____

Parent(s) Name: _____ Date(s) of Birth*: _____

* If family member is deceased, write "deceased" for date of birth.

Signature: _____ Date: _____