Commonwealth of Massachusetts
Worcester Regional Retirement System
23 Midstate Drive, Suite 106, Auburn, MA 01501

Enclosed is your application for Superannuation Retirement.

To ensure your retirement application is processed in a timely manner, please complete the application fully and accurately. Failure to complete Superannuation Retirement Application correctly could result in a delay in your benefits.

- Submit your original retirement application no sooner than 4 months prior to your retirement date. If you file your application 60 days past your date of separation, your retirement date will be effective 15 days after the date of receipt of application.

When submitting applications please include the following documents:

- A **copy** of your Birth Certificate
- A **copy** of your Military DD214 (if applicable)
- A **copy** of your Marriage Certificate (only with option C)
- A **copy** of your Beneficiaries Birth Certificate (only with option C)
- A **copy** of your divorce decree (if applicable)

- We require the original signed retirement applications. **Photocopies, faxes, and scanned emailed copies will not be accepted.** We need all signatures and pages to be filled out. Witnesses must be a disinterested party- anyone over the age of 18 can be a witness.

- If you have any questions about filling out the application please contact the office, we also offer retirement counseling appointments to answer any questions and help fill out the application, to make an appointment or ask questions call us at (508-832-6314)

Please allow **60 to 90 days from your retirement date** for your retirement to be processed. Any health insurance issues/questions are to be directed to your employer.

Mail or drop off application to: 23 Midstate Drive, Suite 106 Auburn MA. 01501

Sincerely,
The Worcester Regional Retirement System

Phone: 508-832-6314 • Fax: 508-832-6318 • Email: info@wrrboard.org • www.wrrboard.org

PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION
10 CABOT ROAD, SUITE 300 | MEDFORD, MA 02155

Introduction

Application for Voluntary Superannuation Retirement

Pursuant to Massachusetts General Laws, Chapter 32, Sections 5, 10(1), 10(2) and 10(3)

Form Last Revised: February, 2020

The *Application for Voluntary Superannuation Retirement* allows a member to apply to receive a superannuation retirement allowance. This retirement allowance is based upon your age, years of service, group classification, and salary. Those who entered service prior to April 2, 2012 may also use this form to apply for a Termination Retirement Allowance pursuant to Massachusetts General Laws, Chapter 32, Section 32, Section 10(2).

- This Voluntary Superannuation form must be filed with your retirement board.
- A copy of your birth certificate, military discharge papers, marriage certificate and all other relevant documents must be filed with this application.
- A properly completed *Choice of Option at Retirement* form must accompany this application.
- If you are an active employee or on a leave of absence, you can apply for retirement with the board no earlier than four months before your intended date of retirement.

Eligibility Criteria for a Superannuation Retirement:

Minimum Requirements for Superannuation Retirement

Members Prior to April 2, 2012		
Age at Retirement	**Years of Creditable Service**	
Any age	20 years or more	
55 or older	10 years or more (Groups 1 & 2)	
55 or older	Any amount of creditable service (Group 4 only), subject to certain minimums	
Members On or After April 2, 2012		
Age at Retirement	**Years of Creditable Service**	**Group**
60	10 years or more	1
55	10 years or more	2
50	10 years or more	4
55	Any amount, subject to certain minimums	4

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board:	Worcester Regional Retirement Board		
Address:	23 Midstate Drive, Suite 106		
City/Town:	Auburn, MA	**Zip Code:**	01501
Telephone:	508-832-6314	**Fax:**	508-832-6318

Member's Present Contact Information:

Member's Last Name	**Member's First Name**	**Social Security # (last four)**
		***-**-____ ____ ____ ____

Street Address:

City/Town: **State:** **Zip Code:**

Email:

Phone:

Marital Status: ☐ **Single** ☐ **Married** ☐ **Widowed** ☐ **Divorced**

If Divorced, do you have a Qualified Domestic Relations Order (QDRO) in place? ☐ **YES** ☐ **NO**

Applicant Information

To the _____ Retirement Board:

I respectfully request retirement for superannuation with _____ years and _____ months of creditable service.

My requested retirement date is: _____

Agency or Department Retiring From*	**Title/Position**

* For those retiring from regional or county retirement systems, please identify the community.

Contact Information After Retirement *(Enter only if different from present address)*

Street and Number

City/Town	**State**	**Zip Code**	**Phone #**

Member Last Name: **First Name:** **SSN:** ***-**-__ __ __ __

To Which Group Do I Belong?

Your retirement board classifies you in a Group on the basis of the positon you hold. If you are in doubt about which Group you are in, please consult with your retirement board. The four Groups are as follows:

- **Group 1:** "Officials and general employees including clerical, administrative and technical workers, laborers, mechanics and all others not otherwise classified." (Most people are in Group 1.)
- **Group 2:** Among the members of Group 2 are "Public works building police; permanent watershed guards and permanent park police; University of Massachusetts police;" and many other specific positions including but not limited to fire or police signal operators, and ambulance attendants of a municipal department who are required to respond to fires. (The type of employment classified in Group 2 tends to be somewhat more hazardous than employment in Group 1.)
- **Group 3:** This Group is entirely made up of members of the Massachusetts State Police.
- **Group 4:** Among the members of Group 4 are "members of police and fire department not classified in Group 1," and many other specific positions including but not limited to correction officers, parole officers or parole supervisors, and certain enumerated employees of a municipal light plant. (Generally speaking, Group 4 encompasses the most hazardous occupations.)

Service Prior to April 2, 2012:

I entered service prior to April 2, 2012, and the following applies to me:

- ☐ I have service in more than one Group, and I choose to have my group classification prorated.
- ☐ I am presently in Group 1.
- ☐ I am presently in Group 2 and have performed services in Group 2 for a minimum of 12 months prior to retirement.
- ☐ I am presently in Group 4 and have performed services in Group 4 for a minimum of 12 months prior to retirement.

Service On or After April 2, 2012:

I entered service on or after April 2, 2012, and I understand that if I have service in multiple groups, my group classifciation time will be prorated. The following applies to me:

- ☐ During my public employment, I have served in more than one group.
- ☐ I am presently in Group 1, and have spent my entire public employment in Group 1.
- ☐ I am presently in Group 2, and have spent my entire public employment in Group 2.
- ☐ I am presently in Group 4, and have spent my entire public employment in Group 4.

Employment History

Please supply all periods of prior governmental service in the Commonwealth of Massachusetts.

I was also employed by other governmental units/political subdivisions in the Commonwealth of Massachusetts as follows:

GOVERNMENTAL UNIT	DEPARTMENT	POSITION	DATES EMPLOYED	
			From:	To:

Member Last Name: **First Name:** **SSN:** ***-**-__ __ __ __

Other Information:

- Are you presently receiving a retirement allowance from any retirement system of any governmental units/political subdivisions within the Commonwealth of Massachusetts? ☐ YES ☐ NO

  If **YES,** please specify systems, date of retirement and retirement type.

- Are you a veteran? ☐ YES ☐ NO

  If **YES**, please specify military branch and dates of active service.

- Have you been officially investigated for or charged with misappropriation of funds from your employer or convicted of any crime related to your office or position? ☐ YES ☐ NO

  If **YES**, please provide documentation.

- Have you engaged in the practice of shift substitution on or after October 26, 2011? ☐ YES ☐ NO

  If you answered **YES**, your Employer is required to fill out the *Employer's Shift Substitution Certification* form and file it with your retirement board.

Termination Retirement Allowance

Are you applying for a Termination Retirement Allowance pursuant to the provisions of Massachusetts General Laws, Chapter 32, Section 10(2), which is only available for those who became members prior to April 2, 2012? ☐ YES ☐ NO

If **YES**, please briefly summarize the facts in the box below.

I sign this application under the penalties of perjury. I affirm that the information presented in this application is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of my benefits as well as civil and criminal penalties.

Applicant's Signature:

Print Name:

Signature: **Date:**

To Be Completed By Witness (should be disinterested party):

Name (Print):

Street Address:

City/Town: **State:** **Zip Code:**

Signature: **Date:**

PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION
10 CABOT ROAD, SUITE 300 | MEDFORD, MA 02155

Introduction
Choice of Option at Retirement
Pursuant to Massachusetts General Laws, Chapter 32, Sections 12(1) and 12(2)
Form Last Revised: February, 2020

The *Choice of Option at Retirement* Form allows a member who has applied for retirement to select whether to receive their entire retirement allowance during their lifetime or to leave a lump sum or allowance for their survivor(s).

Keep in mind:

- You may only select one Option.
- Please consult with your retirement board to be certain that you understand the effect of selecting an Option. Your retirement board can provide you with a personalized estimate of each benefit.
- If you are married, the Spousal Acknowledgement on this form must be signed by your spouse.
- A disinterested witness should sign pages 6 and 7 of this form.

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board:	Worcester Regional Retirement Board		
Address:	23 Midstate Drive, Suite 106		
City/Town:	Auburn, MA	**Zip Code:**	01501
Telephone:	508-832-6314	**Fax:**	508-832-6318

Member's Information:

		***-**-___ ___ ___ ___
Member's Last Name	**Member's First Name**	**Social Security # (last four)**

Street Address:					
City/Town:		**State:**		**Zip Code:**	
Email:					
Phone:					

Instructions

When you apply for retirement, you may select one of three retirement allowance payment Options (A, B or C). For the Option selection to be valid, this completed form must be filed with your retirement board:

- On or before the date the board receives your written application for retirement, or
- On or before the date your allowance becomes effective, or
- Not more than 15 days after the board receives a written application for your involuntary retirement from your department head.

1. You may change your Option selection before your retirement becomes effective by filing a new form.
2. You may not change your Option selection once your retirement becomes effective.
3. **If no Option selection is made, your allowance will be paid under Option (B).**
4. If you are married, the spousal acknowledgement at the end of this form must be signed by your spouse.

Choice of Option at Retirement

Member Last Name: **First Name:** **SSN:** ***-**-__ __ __ __

1. Explanation of Retirement Options

After reviewing **ALL** of the retirement options below, please select **ONE** option by checking the corresponding box in **Section 5** on page 6.

Option (A) No Payment to Beneficiary

This Option provides for a full retirement allowance payable in monthly installments during your lifetime. All allowance payments will cease upon your death and no benefits will be provided for any survivors.
Do not complete sections 3 & 4.

Option (B) Lump Sum Payment to Beneficiary

The payments under this Option are smaller than under Option (A). The annuity portion of your allowance is reduced to allow a lump sum benefit for your named beneficiary(ies). Upon your death, your named beneficiary(ies), or if there is no beneficiary living, the person or persons appearing in the judgment of the retirement board to be entitled thereto will be paid the unexpended balance of your annuity account. Please note that the contributions comprising the annuity account will be depleted within approximately twelve to fifteen years depending upon your age at retirement. The longer you live, the less will be paid to your beneficiary(ies) upon your death. If your account has been fully depleted, nothing will be paid to your named beneficiary(ies). You may designate and change at any time, one or more beneficiaries to receive in designated proportions, the lump sum Option (B) benefit. This Option takes effect upon your retirement and supercedes any prior beneficiary selections. **Do not complete sections 2 & 4.**

Option (C) Payment of Allowance to Beneficiary

Election of Option (C) provides for a monthly retirement allowance during your lifetime that is less than you would receive under either Option (A) or Option (B). Upon your death your designated beneficiary will be paid a monthly allowance for the remainder of his or her lifetime. That allowance will be equal to two-thirds of the allowance that you were receiving at the time of your death. The monthly allowance you receive under Option (C) is based upon life expectancy factors for you and your designated beneficiary. Only your spouse, former spouse who has not remarried, mother, father, sister, brother or child may be designated as your Option (C) beneficiary. The younger your beneficiary, the smaller your retirement allowance will be. If, after you retire, your Option (C) beneficiary predeceases you, you will thereafter be paid the full retirement allowance you would have received had you elected Option (A) at the time your retirement allowance became effective. This conversion is commonly referred to as the Option (C) "pop-up". Please note that after the Option (C) "pop-up" takes place you may not name another Option (C) beneficiary or choose another Option.
Do not complete sections 2 & 3.

Member Last Name: **First Name:** **SSN:** ***-**-__ __ __ __

2. Option A Only

There is no beneficiary when Option A is selected. Of all three options, Option A provides the highest possible monthly allowance to a retiree. It does not provide for any continuing survivor benefits. Upon the death of the member who has selected Option A:

- All payments will stop.
- No future monthly payments will be made to anyone.
- No pay out of the remaining balance in the annuity account (if any) will be made.
- A pro-rata share of any amounts due at the death of the member (which will vary depending upon the date of the member's death) shall be payable to a recipient designated by the member.

I, _____, understand that in picking Option A only the amount of retirement allowance still owed to me at the time of my death will be payable to a recipient or recipients designated by me.

I hereby designate the following to receive the pro-rata share of my retirement allowance still due to me on the date of my death.

Pro-Rata Recipient or Recipients:

					% of Benefit**
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					

*Recipient's full Social Security Number (SSN) or Employer Identification Number (EIN), if an organization.
**Total must equal 100%; if no percentages are indicated, benefit will be allocated equally among recipients.

%

Member Last Name: | **First Name:** | **SSN:** ***-**-__ __ __ __

3. Option B Only — Beneficiaries

If you selected **Option B**, please fill in your beneficiary(ies) below:

Beneficiary Information:

					% of Benefit**
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					
Full Name: (First, MI, Last):			**SSN/EIN*:**		
Relationship to You:		**Phone:**	**Date of Birth:**		
Address:					

_____ %

*Beneficiary's full Social Security Number (SSN) or Employer Identification Number (EIN), if an organization.
**Total must equal 100%; if no percentages are indicated, benefit will be allocated equally among lump-sum beneficaries.

4. Option C Only — Beneficiary

If you selected **Option C**, please fill in your beneficiary below. An Option C beneficiary may only be your spouse, former spouse who has not remarried, mother, father, sister, brother, or child.

Beneficiary's Name:

****Relation to Member:** | **Date of Birth:**

Social Security #:

Member's Signature | **Date:**

Member's Social Security # (last four): ***-**-____ ____ ____ ____

******Please include birth certificate and marriage certificate, if applicable.

Choice of Option at Retirement

Member Last Name: **First Name:** **SSN:** ***-**-__ __ __ __

5. Option Selection and Signature

Please check the Option you have selected and sign your name at the bottom.

☐ **Option (A)**

I choose to have my retirement allowance paid in accordance with the provisions of Massachusetts General Laws, Chapter 32, Section 12(2)(a) which provides the largest possible payment to me under the retirement law and that all payments thereunder cease at my death. No payment will be made to any beneficiary upon my death. If married, spouse must acknowledge this selection in Section 7.

☐ **Option (B)**

I choose to have my retirement allowance paid in accordance with the provisions of Massachusetts General Laws, Chapter 32, Section 12(2)(b) which provides for a smaller retirement allowance for my life but provides that my designated beneficiary(ies) will receive any amounts remaining in my annuity account at my death. If married, spouse must acknowledge this selection in Section 7.

☐ **Option (C)**

I choose to have my retirement allowance paid in accordance with the provisions of Massachusetts General Laws, Chapter 32, Section 12(2)(c) which provides an allowance which will be smaller than those under Option (A) or Option (B) but that upon my death two-thirds of this allowance will be paid to the named beneficiary for said beneficiary's life. If married, spouse must acknowledge this selection in Section 7.

Member's Signature: I have read and understand the provisions of Option ☐ selected above.

Print Name:

Signature: **Date:**

Social Security # (last four): ***-**-____ ____ ____ ____

6. Witness Signature

To Be Completed By Witness (should be disinterested party):

To the Retirement Board - I have read this form with the member whose selection of an Option is made on this document and at his or her request have witnessed his or her signature thereto.

Witness' Name (Print):

Street Address:

City/Town: **State:** **Zip Code:**

Witness' Signature: **Date:**

Member Last Name: **First Name:** **SSN:** ***-**-__ __ __ __

7. Spousal Acknowledgement

Unless there is a Domestic Relations Order in effect, if a member is married, the election of an option shall not be valid unless it is accompanied by the signature of the member's spouse.

- The member's spouse must indicate that he/she has reviewed the Option selected and understands it.
- It is up to the retirement board to explain the three options to the member and the spouse.
- If an option selection of a married member is not accompanied by a spouse's signature, the retirement board will take steps, outlined in the statute, to contact the member's spouse directly.

IMPORTANT: If you are the spouse of a member, please be certain you have read and understand the foregoing provision relating to your spouse's Option selection. If you do not understand any part of the Option selected by your spouse, please ask for an explanation from your spouse's retirement board. Your signature is not consent or approval, only an acknowledgement of the Option chosen by your spouse.

- Do not sign below unless you understand the Option selected by your spouse and the benefits to which you may or may not be entitled to at his/her death.

I am , the spouse of .
I understand my spouse has selected Option as the method by which his/her retirement allowance will be paid. **This option may not be changed after retirement.**

Spouse's Signature

Spouse's Name (Print):

Spouse's Signature: **Date:**

To Be Completed By Witness (should be disinterested party):

Witness' Name (Print):

Street Address:

City/Town: **State:** **Zip Code:**

Witness' Signature: **Date:**