



*Commonwealth of Massachusetts*  
**MIDDLESEX COUNTY RETIREMENT SYSTEM**

25 LINNELL CIRCLE • P.O. BOX 160 • BILLERICA, MA 01865

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EMAIL: [MRS@MIDDLESEXRETIREMENT.ORG](mailto:MRS@MIDDLESEXRETIREMENT.ORG)

*Over 100 Years of Public Service*

**CHAIRMAN**  
THOMAS F. GIBSON, ESQ.

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JOHN BROWN

ROBERT W. HEALY

**Chief Administrative Officer**  
LISA MALONEY, ESQ.

**CREDITABLE SERVICE AND ESTIMATE REQUEST FORM**

For general information about the retirement benefits available to you and your payment options, visit our website at [www.middlesexretirement.org](http://www.middlesexretirement.org). Please allow 4 weeks for processing.

<b>Name:</b>	<b>SSN: (Last 4 Digits Only)</b>	<b>Date of Birth:</b>
<b>Address:</b>		
<b>City, State, ZIP Code:</b>		
<b>Phone:</b>	<b>E-Mail:</b>	
<b>Employer:</b>	<b>Receive Estimate via:</b> E-Mail      U.S. Mail	

**Type of Estimate Requested (Please check all that apply):**

Creditable service letter only

Regular Superannuation Retirement

Accidental Disability Retirement. Please include your date of injury: \_\_\_\_\_

Ordinary Disability Retirement

**Effective Date(s) of Retirement. (Limit 2 dates. Must provide dates within the next 2 years.):**

**Payment Options Requested (Please check all that apply):**

Option A

Option B

Option C

Option C Only: Beneficiary's Date of Birth: \_\_\_\_\_

Relationship to you:

Spouse

Child

Parent

Sibling

Former spouse who has not remarried

Dates of service when you worked less than 20 hours/week: \_\_\_\_\_

Have you been divorced?      Yes      No

If yes, indicate whether you are obligated to pay benefits to your former spouse or children of your former marriage:      Yes      No

**Signature (required)**

**Date**