Commonwealth of Massachusetts
MIDDLESEX COUNTY RETIREMENT SYSTEM
25 LINNELL CIRCLE • P.O. BOX 160 • BILLERICA, MA 01865
TEL: 800-258-3805 • 978-439-3000 • FAX: 978-439-3050
EMAIL: MRS@MIDDLESEXRETIREMENT.ORG

Over 100 Years of Public Service

CLEAR FORM

PRINT FORM

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. Please allow 4 weeks for processing.

Name:	**SSN: (Last 4 Digits Only)**	**Date of Birth:**
Address:		
City, State, ZIP Code:		
Phone:	**E-Mail:**	
Employer:	**Receive Estimate via:** ☐ 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**