Application for Voluntary Superannuation Retirement and Choice of Option Form

Enclosed is your Application for Superannuation Retirement. In order to receive your retirement benefits in a timely manner, please:

*Submit your application no more than 4 months, but at least 45 days prior to your date of retirement.

*If you file for superannuation more than sixty days after your separation from service, your retirement date will be effective no less than 15 days, nor more than 4 months after, filing your application with our office.

***Complete the entire application with care and accuracy.** The documents must be signed and witnessed in multiple places by someone who is not your named beneficiary.

*You must submit the following documents with your application:

- A copy of your birth certificate
- A copy of your marriage certificate
- A copy of your military discharge papers, if applicable
- A copy of your beneficiary's birth certificate if you are selecting Option C
- A copy of your divorce agreement(s) and, if applicable, your Court-approved Domestic Relations Order (if not already on file)

NOTE: Filing an incomplete application may delay the receipt of your benefits.

We must receive the **original documents in this packet** with ink signatures**.** Please **MAIL** your **COMPLETED** application package to:

Middlesex County Retirement System
P.O. Box 160
Nutting Lake, MA 01865

Finally, retiree health insurance is administered by your employer. Please contact your Human Resources Department prior to your retirement to discuss your options.

If you have any questions regarding this application, please do not hesitate to contact us at mrs@middlesexretirement.org or call 978-439-3000.

Thank you.

PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION
FIVE MIDDLESEX AVENUE, SUITE 304 | SOMERVILLE, MA 02145

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 of 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	1
55	10 years	2
50	10 years	4
55	Any amount, subject to certain minimums	4

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

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board:			
Address:	25 Linnell Circle, P.O. Box 160		
City/Town:	Billerica	**Zip Code:**	01865
Telephone:	978-439-3000	**Fax:**	978-439-3050

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
FIVE MIDDLESEX AVENUE, SUITE 304 | SOMERVILLE, MA 02145

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.

Choice of Option at Retirement

Pursuant to Massachusetts General Laws, Chapter 32, Sections 12(1) and 12(2)

Form Last Revised: July, 2019

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board:	Middlesex County Retirement Board		
Address:	25 Linnell Circle, P.O. Box 160		
City/Town:	Billerica	**Zip Code:**	01865
Telephone:	(978) 439-3000	**Fax:**	(978) 439-3050

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.

0%

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:					

0%

*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:**

AFFIDAVIT OF MEMBER AS TO MARITAL STATUS UPON RETIREMENT

I hereby affirm and attest as follows: [***Initial all that apply.***]

____ I am not married.

____ I am married to _____.
(***Certificate of Marriage must be filed with MCRS***.)

____ My spouse has witnessed the Option Selection Form and has knowledge and understanding of the retirement option I have selected.

____ My spouse has not witnessed the Option Selection Form.
(Your retirement option will not be effective until thirty days after notice of your option selection is provided to your spouse by MCRS.)

____ I am divorced.

Please provide the following information for **all** divorces. Attach an additional sheet if necessary.

I was formerly married to _____
and became divorced on _____. The Judgment of Divorce, Settlement Agreement and/or Domestic Relations Order (does ____) (does not____) obligate MCRS to pay benefits to my former spouse or to children of this marriage.
(***An attested copy of the Judgment of Divorce, Divorce Agreement and/or Domestic Relations Order, must be filed with MCRS prior to the effective date of your retirement.)***

I understand that misrepresentations regarding marital status and the existence of court ordered payments may result in criminal and civil liability.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

_____ _____
MEMBER'S SIGNATURE DATE

_____ _____
WITNESS SIGNATURE DATE

Middlesex County Retirement System: Frequently Asked Questions When Retiring

KEEP THIS DOCUMENT FOR YOUR RECORDS

1. ***How and when do I file for retirement?***

   To retire, you must file a retirement application with the Middlesex County Retirement System. **Notifying your employer of your intent to retire does not initiate the retirement process with our office.**

   You may file your application up to four months before your retirement date. If your application is received within 60 days after your separation from service, your retirement will be effective on your date of separation.

   If you apply more than 60 days after separating from service, your retirement date must be at least 15 days, but no more than four months, after the date your application is filed and will NOT be retroactive to the date you terminated service.

2. ***What happens after I submit my application?***

   You will receive a letter confirming that we have received all required documents. If any information or documentation is missing, we will notify you promptly.

   We will contact the Town to obtain the payroll information needed to begin calculating your retirement allowance. Once the calculation is complete, we will send you a letter **at the time of your first payment** confirming the exact amount of your retirement allowance.

   Unless you hear otherwise from us, please assume that your application is complete and being processed as expected.

3. ***Can I change my date of retirement or rescind my application entirely****?*

   Yes. You may change your retirement date or withdraw your retirement application at any time **prior to your effective retirement date** by submitting a written request to our office. **PLEASE NOTE:** Retirement benefits are paid in arrears, so your retirement date will have passed before you receive your first payment. If you wish to change your retirement date or withdraw your application, you must do so **prior to your effective retirement date**. No changes can be made to your retirement application once your retirement date has passed.

4. ***Can I change my retirement payment option?***

   Yes, as long as you submit a **new** Choice of Option at Retirement Form, with all necessary signatures, **prior** to your effective date of retirement. **PLEASE NOTE:** Retirement benefits are paid in arrears, so your retirement date will have passed before you receive your first payment. Be sure to submit your new Choice of Option at Retirement Form **prior** to your effective date of retirement.

5. ***When will I receive my first direct deposit?***

   You can expect to receive your first direct deposit 30 to 90 days after your retirement date, depending on when your application was filed. Benefits are paid retroactively to your retirement date.

   Monthly benefits are deposited on the last business day of each month. Notice of Deposit statements are issued with your first payment, each July and December, and whenever your monthly benefit changes.

6. ***How do I change my address? Tax withholding? Direct Deposit information?***

   The necessary forms you need to complete to change your address and your tax withholding are posted on our website at https://middlesexretirement.org/To change your Direct Deposit information, you must contact the retirement office to request a new Direct Deposit Authorization Form.

   For security reasons, we require the **original** forms with an **ink signature**. Be sure to **mail** the forms back to our office. We do not accept scanned copies of the original documents. If you would like a form mailed to you, please call the office.

7. ***How can I verify my retirement income?***

   You can access your benefit information online through the member self-service portal. To access your account and download an income verification letter, please visit our website at https://middlesexretirement.org/ and select *Account Access*. You can also request an income verification letter in writing by sending an email to mrs@middlesexretirement.org.

8. ***Can I work after I retire?***

   Yes. However, the retirement law limits the employment of all retired public employees who work in the Massachusetts public sector after retirement to ***1,200 hours*** of employment within a calendar year. In addition to the hours limitation, there is an earnings limitation. You can earn no more than the difference between what the position from which you retired is paying, or the salary upon which your benefits are based, less your retirement allowance. Effective the January 1st following one full calendar year of retirement, you are allowed to earn the difference between the current salary paid in your former position minus your allowance, plus an additional $25,000.

   In the private sector, there are no restrictions for **non-disability** retirees. If you are a disability retiree, however, you are still limited to earning the difference between the current salary for your former position and your retirement allowance, plus $25,000.

9. ***Can I make changes to my health insurance plan through Middlesex County Retirement System?***

   Your health insurance coverage is administered by your former employer. Contact them regarding eligibility, coverage changes, and dependent coverage. If your former employer instructs the retirement office to do so, premiums will be deducted from your monthly retirement benefit. If your benefit payment is insufficient to cover the premium, your employer will bill you directly.

10. ***What are the tax obligations on my retirement benefit?***

    Each year you will receive a Form 1099-R for tax purposes. Your retirement allowance is not subject to Massachusetts income tax but is subject to federal income tax withholding. You will complete a W-4P form at retirement and may update it at any time.

    If you move outside Massachusetts, your retirement benefits may be subject to state taxation. Consult the applicable state tax authority or a tax professional, as the retirement office cannot provide tax advice.