

Retirement Application

For superannuation (regular or RetirementPlus) and involuntary termination retirement benefits

- 1) **REVIEW and COMPLETE** this entire **TWO-PART** application.
Note that **YOU** have to complete Part 1 as well as Part 2, Section 1, and **YOUR PAYROLL OFFICER** has to complete Part 2, Sections 2 through 7.
 - 2) **INVEST** some time in understanding your retirement benefit options, as described in the information and worksheet included on pages iii and iv, as well as reviewing the information you provide in your application for accuracy and completeness. **This is your application for retirement; it is a very important document.**
 - 3) **SIGN** your application as required. Not signing in **ALL** places is a common error and causes delays—please check your application carefully!
Remember to **sign** your application in **SIX** places—on pages 3, 6, 7, 8, 9 and 10 (if applicable). If applicable, your spouse and a witness must also sign page 9.
 - 4) **ATTACH** all of your required documents.
Use the checkboxes in the left margins to mark your required documents and remind yourself to attach them. For your convenience, a timeline and document checklist is provided on the next page; use it to avoid delays in processing your application.
- 5) **FILE** your application in a timely manner: three to four months before your date of retirement, and **no earlier** than four months in advance.

⚠ IMPORTANT: Make a photocopy of all pages and attachments for your records.

⚠ If the MTRS receives your application more than 60 days after your date of separation from service, your retirement date—and your benefits—will NOT be retroactive to your resignation date. In this case, the earliest effective date of retirement you may use will be 15 days *after* the date we receive your signed application. For example, if you decide during summer vacation that you want to retire instead of returning to the classroom in the fall, the MTRS must **receive** your completed application on or before **August 29** to use June 30 as your retirement date and have your benefits be retroactive to June 30. If the MTRS receives your application on August 30, your earliest retirement date would be September 14, and you would lose two and a half months' worth of retirement benefits (from July 1 through September 14).

⚠ If you are retiring on your birthday, use that exact day as your date of retirement, not the day after.

⚠ Remember, all service purchases must be paid for BEFORE your date of retirement. Late payments will DELAY your date of retirement—and because retirement benefits are retroactive only to your date of retirement, late payments will cause you to lose money!

- 6) **SEND** the **ORIGINAL** pages of both Parts 1 and 2, along with all of your required documents, in the same envelope, to the attention of our Retirement Application Processing Unit.

If your school district is in...	Send to our...
Middlesex, Essex, Norfolk, Bristol, Plymouth, Barnstable, Dukes, Nantucket or Suffolk (charter schools only) county	Main Office Cambridge
Berkshire, Franklin, Hampshire, Hampden or Worcester county	Western Regional Office Springfield

We will not begin processing your benefit calculation until we receive your signed and complete retirement application. If your application is incomplete, we will contact you and this may delay processing. If you have any questions about the retirement process or any of this material, please don't hesitate to contact us. We look forward to serving you in your retirement!

MAIN OFFICE

One Charles Park
Cambridge, MA 02142-1206
Phone 617-679-MTRS (6877)
Fax 617-679-1661

WESTERN REGIONAL OFFICE

One Monarch Place, Suite 510
Springfield, MA 01103-4028

Phone 413-784-1711
Fax 413-784-1707

ONLINE

mass.gov/mtrs



Your retirement process timeline and checklist


Please keep this page for your records. Use it to track the dates that you take each action, and to ensure that you submit all required documents.

IMPORTANT REMINDERS REGARDING CREDITABLE SERVICE

All service purchases must be paid for in full BEFORE your effective date of retirement, and some require that you be a member in service at the time of purchase. **LATE PAYMENTS WILL DELAY YOUR DATE OF RETIREMENT**—and because retirement benefits are retroactive only to your date of retirement, **late payments will cause you to lose money!**

As you will see on the application, you are asked to list all of your creditable service and provide your “best estimate” of your total number of years. However, it is NOT necessary for you to request a “creditable service estimate” from the MTRS in order to complete your application. When we process your application, we will determine your exact amount of creditable service and notify you of the total before your benefit is finalized.

If you have any questions about purchasing service, please contact our office.

When (in relation to your date of retirement)	Action	Your dates
One year before	<input type="checkbox"/> CONTACT your local health insurance coordinator to confirm the health insurance coverage for which you will qualify as a retiree. If you cover a spouse or other dependent, be sure to ask about dependent coverage while you are retired <i>and</i> in the event of your death.	<input type="text" value="/ /"/>
7–8 months before	<input type="checkbox"/> GO to our website at mass.gov/mtrs , and select Members > Active members > Creditable service. Review all of the types of service listed and apply to purchase any that apply to you and for which you have not yet established credit.	<input type="text" value="/ /"/>
6 months before	<input type="checkbox"/> GO to our website at mass.gov/mtrs , and, in the “Quick links to our most popular pages” menu, select “Apply for retirement.” Follow the steps to estimate your benefits, review FAQ and download and print your retirement application.	<input type="text" value="/ /"/>
	<input type="checkbox"/> If you have any pending creditable service purchases, request invoices from us and be sure to tell us that you are retiring.	<input type="text" value="/ /"/>
4–5 months before	<input type="checkbox"/> Complete Part 1 of the application and forward Part 2 to your payroll officer for completion.	<input type="text" value="/ /"/>
	<input type="checkbox"/> Gather your required documents.	
	 NOTE: If you do not submit the required documents with your application, your application will not be processed.	
	<input type="checkbox"/> Photocopy of your marriage certificate (<i>if you no longer use your former or maiden name or if you are selecting Option C and naming your spouse as beneficiary</i>) <input type="checkbox"/> Your certified birth record* (<i>photocopy not accepted</i>) <input type="checkbox"/> Photocopy of your military discharge form DD214 (<i>if you are a veteran</i>) <input type="checkbox"/> Photocopy of your notice of resignation (<i>if you are filing for an involuntary termination retirement allowance OR are retiring on a day other than the last day in your contract year</i>) <input type="checkbox"/> Photocopies of your contracts/salary schedules for your 3-year salary average period, including any pages referencing contractual language to substantiate any earnings in excess of your regular contract rates <input type="checkbox"/> A VOIDED check (<i>if your designated account for direct deposit is a checking account</i>) <input type="checkbox"/> Photocopy of your qualified Domestic Relations Order (<i>if you are divorced and have such an order in effect; please include your ex-spouse’s current address</i>) <input type="checkbox"/> Your beneficiary’s certified birth record* (<i>if you are selecting Option C; photocopy not accepted</i>) * Your original documents will be returned to you.	
3–4 months before	<input type="checkbox"/> Receive signed Part 2 from your payroll officer.	<input type="text" value="/ /"/>
	<input type="checkbox"/> Make a copy of Part 1, Part 2 and ALL attachments.	<input type="text" value="/ /"/>
	<input type="checkbox"/> Submit your application and ALL attachments to MTRS. <i>We will acknowledge receipt of your application in writing.</i>	<input type="text" value="/ /"/>
	<input type="checkbox"/> Make payment for any pending creditable service purchases.	<input type="text" value="/ /"/>
	<input type="checkbox"/> Remind your local health insurance coordinator that you are retiring, and complete any necessary insurance paperwork.	<input type="text" value="/ /"/>
<i>If you filed 4 months before your retirement date, about one month before</i>	<input type="checkbox"/> Receive Notice of Estimated Retirement Benefit (NERB) and first payment information from MTRS.	<input type="text" value="/ /"/>

Your date of retirement	<input type="text" value="/ /"/>
Second full month after <input type="checkbox"/> Receive first retirement allowance payment from the MTRS.	<input type="text" value="/ /"/>

OVERVIEW OF OPTIONS A, B AND C

The Massachusetts Retirement Law (M.G.L. c. 32) regulates your retirement allowance and allows you to choose one of three benefit options. These options differ with regard to the amount paid and whether any benefits will be paid to someone else after your death. In brief:

Option	Monthly benefit amount	Survivor benefit
A	Maximum allowance	None; all allowance payments cease upon your death and no benefits will be provided for any survivors
B	Approximately 1% less than Option A amount	One-time, lump-sum payment of balance, if any, remaining in member's annuity savings account [Note: There are no restrictions on who or how many individuals or entities may be named as beneficiary. In most cases, the annuity will be depleted in 9 to 11 years.]
C	Approximately 9–11% less than Option A amount	A monthly survivor benefit, equal to 2/3 of the retiree's monthly benefit at the time of death, paid to one beneficiary [Note: Beneficiary must be the member's parent, child, sibling, spouse or former spouse who has not remarried.]

THE TABLES

For use with the retirement benefit estimate worksheet on page iv

Option A age factor table Use your age on your retirement date

Age	Factor	Age	Factor	Age	Factor	Age	Factor
41	.001	47	.007	53	.013	59	.019
42	.002	48	.008	54	.014	60	.020
43	.003	49	.009	55	.015	61	.021
44	.004	50	.010	56	.016	62	.022
45	.005	51	.011	57	.017	63	.023
46	.006	52	.012	58	.018	64	.024
						65+	.025

NOTE: The information on pages iii and iv is provided for your reference only. If you have already estimated your potential retirement benefits under Options A, B and C using our online estimator, it is not necessary that you complete this worksheet.

RetirementPlus percentage table Service is in FULL years

Service	R+ %	Service	R+ %	Service	R+ %
30	.12%	34	.20%	38	.28%
31	.14%	35	.22%	39	.30%
32	.16%	36	.24%	40	.32%
33	.18%	37	.26%		

Option C factor table

To obtain your Option C factor, determine what your age will be on your birthday closest to your retirement date; then determine what your beneficiary's age will be on his or her birthday that is closest to your retirement date.

Your Option C factor is the number where the row and column for your ages intersect. If the combination of your ages is not listed here, please visit our website at mass.gov/mtrs or contact us for the appropriate factor.

Beneficiary's closest age

	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68
50	.9509	.9528	.9546	.9565	.9583	.9601	.9618	.9635	.9652	.9669	.9685	.9700	.9715	.9730	.9744	.9758	.9771	.9783	.9796
51	.9460	.9480	.9500	.9520	.9539	.9558	.9577	.9596	.9614	.9632	.9650	.9667	.9683	.9699	.9715	.9730	.9744	.9758	.9772
52	.9408	.9429	.9450	.9471	.9492	.9512	.9533	.9553	.9573	.9592	.9611	.9630	.9648	.9665	.9683	.9699	.9715	.9730	.9745
53	.9350	.9372	.9395	.9417	.9440	.9462	.9484	.9506	.9527	.9548	.9569	.9589	.9609	.9628	.9646	.9665	.9682	.9699	.9716
54	.9287	.9311	.9335	.9359	.9383	.9406	.9430	.9453	.9477	.9499	.9522	.9544	.9565	.9586	.9606	.9626	.9645	.9664	.9682
55	.9219	.9244	.9270	.9295	.9320	.9346	.9371	.9396	.9421	.9445	.9470	.9493	.9517	.9539	.9562	.9583	.9604	.9625	.9644
56	.9146	.9173	.9199	.9226	.9253	.9280	.9307	.9334	.9360	.9387	.9413	.9438	.9463	.9488	.9512	.9536	.9559	.9581	.9603
57	.9068	.9096	.9124	.9152	.9181	.9209	.9238	.9267	.9295	.9323	.9351	.9379	.9406	.9433	.9459	.9484	.9509	.9534	.9558
58	.8984	.9013	.9043	.9073	.9103	.9133	.9163	.9194	.9224	.9254	.9284	.9314	.9343	.9372	.9400	.9428	.9455	.9482	.9507
59	.8895	.8925	.8956	.8987	.9019	.9051	.9083	.9115	.9147	.9179	.9211	.9243	.9274	.9305	.9336	.9366	.9395	.9424	.9452
60	.8800	.8831	.8863	.8896	.8929	.8963	.8997	.9031	.9065	.9099	.9133	.9167	.9200	.9233	.9266	.9299	.9330	.9361	.9392
61	.8699	.8732	.8765	.8799	.8834	.8869	.8904	.8940	.8976	.9012	.9048	.9084	.9120	.9156	.9191	.9225	.9260	.9293	.9326
62	.8592	.8626	.8661	.8696	.8732	.8769	.8806	.8844	.8882	.8920	.8958	.8996	.9034	.9072	.9110	.9147	.9184	.9220	.9256
63	.8481	.8516	.8551	.8588	.8626	.8664	.8703	.8742	.8782	.8822	.8862	.8902	.8943	.8983	.9023	.9063	.9102	.9141	.9179
64	.8364	.8400	.8437	.8475	.8513	.8553	.8594	.8635	.8676	.8718	.8760	.8803	.8846	.8888	.8931	.8973	.9015	.9057	.9098
65	.8241	.8278	.8316	.8355	.8395	.8436	.8478	.8521	.8564	.8608	.8653	.8697	.8742	.8787	.8832	.8877	.8922	.8967	.9011
66	.8113	.8151	.8190	.8230	.8271	.8314	.8357	.8401	.8446	.8492	.8539	.8585	.8633	.8680	.8728	.8775	.8823	.8870	.8917
67	.7980	.8018	.8058	.8099	.8142	.8186	.8230	.8276	.8323	.8370	.8419	.8468	.8517	.8567	.8617	.8667	.8717	.8768	.8817
68	.7840	.7879	.7920	.7962	.8006	.8051	.8097	.8144	.8192	.8242	.8292	.8343	.8394	.8446	.8499	.8552	.8605	.8658	.8711
69	.7694	.7734	.7776	.7819	.7863	.7909	.7956	.8005	.8055	.8105	.8157	.8210	.8264	.8318	.8373	.8428	.8484	.8540	.8596
70	.7542	.7582	.7624	.7668	.7713	.7760	.7808	.7858	.7909	.7962	.8015	.8070	.8125	.8182	.8239	.8297	.8355	.8414	.8473

**RETIREMENT
BENEFIT ESTIMATE
WORKSHEET**

Use this worksheet to compare your benefits under Options A, B and C.

The example illustrates the calculations for a member who is a veteran, and who retires on June 30, 2012 under RetirementPlus at age 58 with 35 years of creditable service, an average salary of \$65,000 for his or her highest three consecutive years or last three years, whichever is greater, and a beneficiary who is age 57.

Also shown here is the member-survivor benefit payable only under Option C. This benefit is payable on a monthly basis to your beneficiary for the rest of his or her life. The monthly amount is 1/12 of the annual amount.

As a reminder, you are eligible to retire when you: have 20 years of creditable service (at any age); or, at age 55 if you have 10 years of creditable service. If you do not meet either of these requirements and you were a member of the MTRS prior to January 1, 1978, different eligibility requirements may apply to you. Please contact us for additional information.

		Example		You as of	You as of
Option A	Option A Age Factor (see table)	.018			
	x Years of creditable service	x 35	x	x	
	Base % of salary average	63%			
	+ RetirementPlus %, if applicable**	+ 22%			
	Allowable % of salary average**	80%			
	x 3-year salary average	x \$65,000	x	x	\$
	Option A annual allowance	\$52,000		\$	\$
	+ Veteran's benefit***	+ \$300	+	+	\$
	Final Opt. A annual allowance	\$52,300		\$	\$
Option B	Option A annual allowance	\$52,000		\$	\$
	x 99% (1% less than Option A)****	x 99%	x	x	99%
	Opt. B annual allowance	\$51,480		\$	\$
	+ Veteran's benefit***	+ \$300	+	+	\$
	Final Opt. B annual allowance	\$51,780		\$	\$
Option C	Option A annual allowance	\$52,000		\$	\$
	x Option C Factor (see table)	x 0.9194	x	x	
	Option C annual allowance	\$47,808		\$	\$
	+ Veteran's benefit	+ \$300	+	+	\$
	Final Opt. C allowance	\$48,108		\$	\$
	x 2/3 (annual survivor portion)	x 2/3	x	x	2/3
	Member-survivor benefit	\$32,072		\$	\$

NOTES

* If you are participating in RetirementPlus, and you have 30 or more years of creditable service—at least 20 of which are membership service with the MTRS or the Boston Retirement System as a teacher—add 2% for each full year of creditable service over 24 years (see RetirementPlus Percentage table, page iii).

** Your "Allowable % of salary average" may not exceed 80 percent.

*** If you are a wartime veteran, \$15 for each year of teaching service (up to a maximum of \$300) is added to the Option A annual allowance.

**** As noted on page iii, the Option B allowance is approximately 1% less than the Option A amount. For purposes of illustration only, we have estimated the Option B amount at 1% less than the Option A amount.

Retirement Application, Part 1

For superannuation (regular or RetirementPlus) and involuntary termination retirement benefits

PART 1, SECTION 1

RETIREMENT DATA

Please do NOT delete any pages, and, if you complete your form by hand, please print your responses legibly, in INK.

Termination retirement statement and release (a separate, one-page form available on our Downloadable forms page on our website)

Photocopy of notice of resignation

a) Type of retirement (check one)

Superannuation/Regular

Superannuation/RetirementPlus

Reminder: In order to qualify for the RetirementPlus enhanced benefit: you must have at least 30 years of creditable service, at least 20 of which are membership service with the MTRS or the Boston Retirement System as a teacher; and, you must have contributed at the RetirementPlus rate of 11% for at least five years, or have made accelerated payments to meet this contribution requirement.

Involuntary termination

b) Your intended date of retirement . . mm/dd/yyyy

Reminder: If you are retiring at the end of the school year in June, by law, you must use June 30 as your retirement date, even if your last day of actual in-school service is earlier in the month.

c) Your last date of employment. . . mm/dd/yyyy

Note: If you are retiring at the end of the school year in June, this is June 30. If not, please enter the last date that you were, or will be, on the payroll of your current or last school district, and attach a letter from that school district verifying your date of resignation.

d) Have you also applied for a disability retirement?

Yes No

PART 1, SECTION 2

APPLICANT DATA

All marriage certificate(s) and/or proof of name change(s) since birth record (photocopy OK)

Birth certificate (must be certified; photocopy not accepted)

Military discharge form DD214

a) Social Security number XXX-XX-XXXX

b) MTRS member number, if known.

Not known

c) Name Last

First

MI

d) Former/maiden name(s), if applicable

Not applicable

e) Date of birth mm/dd/yyyy

f) Military veteran status (pursuant to M.G.L. c. 32) .

Nonveteran Veteran

g) Mailing address Number and street

City

State

ZIP

h) Home phone number

i) Alternate phone number, if any

Cell

Work

j) E-mail, if any.

Form F0001-RAP-11022011

DOCUMENT CHECKLIST				MTRS USE ONLY	
Received	Required		Received	Required	Date received
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Member's certified birth record	<input type="checkbox"/>	<input type="checkbox"/>	Marriage certificate(s)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contracts/salary schedules	<input type="checkbox"/>	<input type="checkbox"/>	Voided check (p. 7)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Form W-4P (p. 6)	<input type="checkbox"/>	<input type="checkbox"/>	Opt A month-of-death pmt recip (p. 10)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Option Selection (p. 8)	<input type="checkbox"/>	<input type="checkbox"/>	Opt B beneficiary (p. 10)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spousal acknowledgment (p. 9)	<input type="checkbox"/>	<input type="checkbox"/>	Opt C beneficiary's certified birth record
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Completed Part 2	<input type="checkbox"/>	<input type="checkbox"/>	Military discharge form DD214
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Signatures 3 6 7 8 9 (10)	<input type="checkbox"/>	<input type="checkbox"/>	Notice of resignation
			<input type="checkbox"/>	<input type="checkbox"/>	Termination retirement stmt & release
			<input type="checkbox"/>	<input type="checkbox"/>	Qualified Domestic Relations Order
			<input type="checkbox"/>	<input type="checkbox"/>	Info re criminal conviction

PART 1, SECTION 2

APPLICANT DATA

Continued

NOTE: If you are currently employed by more than one school district on your date of retirement, please be sure to provide a copy of Part 2 to a payroll administrator in each district for completion.

k) By how many school districts are you currently employed? None (inactive) 1 2

Name of current school district(s)	Position title(s)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

l) Are you currently employed by any other Massachusetts town, city, county, state or regional authority? No Yes (provide details, below)

Name of other MA public employer(s)	Position title(s)	Full-time OR % of full-time
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %

m) If, on your date of retirement, you will be under age 55 and married to a retiree of a Massachusetts contributory retirement system, AND, on November 1, 2003, both you and your current spouse were members of a Massachusetts contributory retirement system, THEN you will be eligible to retire under a superannuation retirement allowance using the age factor for age 55.

Accordingly, on November 1, 2003, were you and your current spouse both members of a Massachusetts contributory retirement system? No Yes

If yes, on your intended date of retirement, will your spouse be retired from a Massachusetts contributory retirement system? No Yes

If yes, name of spouse's retirement system . . .

Marriage certificate(s) (photocopy OK)

n) What is your expected marital status on your intended date of retirement? Single Single/divorced (see DRO, below) Single/widowed Married (provide details, below) Married/formerly divorced (see DRO, below, and provide spouse details, below)

NOTE: Regardless of your expected marital status on your intended date of retirement, you MUST complete Section 8, Spousal acknowledgment.

o) Spouse's name, if applicable . . . First M. Last

p) Spouse's address, if different Number and street

City State ZIP

Qualified Domestic Relations Order (photocopy OK; please include your ex-spouse's current address)

q) DRO: If you have ever been divorced, do you have a qualified Domestic Relations Order (DRO) in effect? No Yes If yes, and if it requires you to select a specific retirement option in accordance with the DRO, please be sure to follow the terms of the DRO in selecting your retirement option.

r) Alternate address: If you will be residing at an address other than the one listed at line g (for example, a summer or retirement address) during the next several months, please list it below.

Mailing address Number and street

City State ZIP

Phone number

Dates at this address mm/dd/yyyy From To

Additional sheet(s) describing offense

s) Have you ever been convicted of a criminal offense involving your Massachusetts public employment? No Yes Please attach additional sheet(s) to describe the offense.

PART 1, SECTION 3

FINAL AVERAGE SALARY PERIOD

a) Your retirement benefit is calculated according to a set formula that is comprised of three factors: your age, your years of creditable service, and the average of your highest consecutive three years' salaries, **OR your last three years' salaries, whichever is greater.** In the table below, please list the **contract year** and **contract type** for each of the following four years:

■ **Lines i, ii and iii:** EITHER the three consecutive years during which you earned your highest salaries **OR** your last three years, **whichever period during which your total earnings were greater;** and,

■ **Line iv:** the year right before that three-year period.

Additionally, **you must submit copies of your salary schedules from your collective bargaining agreement(s) for these four years.** Be sure to include any pages referencing contractual language to substantiate any earnings in addition to your regular contract rates. If you were covered by an individual contract during any of these four years, you must submit complete copies of those contracts.

Your final retirement benefit will be based on the salary figures provided by your employer in Part 2, subject to our review and verification.

	Contract year		Contract type <i>Check one for each year</i>	
	From mm/dd/yyyy	To mm/dd/yyyy	Collective Bargaining Agreement (teachers, others)	Individual contract (superintendents, principals, others)
<input type="checkbox"/> Salary schedule or individual contract	i) <input type="text"/>	<input type="text"/>		Also, see below*
<input type="checkbox"/> Salary schedule or individual contract	ii) <input type="text"/>	<input type="text"/>		Also, see below*
<input type="checkbox"/> Salary schedule or individual contract	iii) <input type="text"/>	<input type="text"/>		Also, see below*
<input type="checkbox"/> Salary schedule or individual contract	iv) <input type="text"/>	<input type="text"/>		Also, see below*

*** If you were covered by an individual contract...**

■ What was the earliest date that your employer had knowledge—formally or informally—of your intent to resign and/or retire? . . . mm/yyyy

■ Were any of the individual contracts covering your employment for the last five years renegotiated (i.e., the original provisions were changed, and the changes applied retroactively and/or prospectively)? Yes No

NOTE: If you were employed under an individual contract at any time during the five years prior to your intended date of retirement, the MTRS will request that your employer provide complete copies of all internal documents (formal and informal), including any minutes of School Committee meetings (open and executive session), pertaining to your contracts, salaries and intent to resign and/or retire.

b) Has your school district settled its contract for the current year? Yes No

If no, please: **be advised** that changes to the current contract rate will impact your retirement allowance; **send** us a copy of the new contract as soon as it is settled, and be sure to include your name and Social Security number with the contract; and, **ask** your payroll officer to send us verification of your new contract rate.

c) **APPLICANT'S STATEMENT:** I understand that, in the calculation of my final salary average for the purposes of determining my retirement benefit, certain payments are not considered "regular compensation," and, therefore, cannot—and will not—be included. (Examples of payments that are not considered "regular compensation" include any monies received on account of your employer having knowledge of your retirement, or received in lieu of sick leave or unused vacation.)

Applicant's signature Date

PART 1, SECTION 4

CREDITABLE SERVICE HISTORY

Your retirement benefit is based in part on the number of years of creditable service you have, so it is **REQUIRED** that you complete this section **accurately and in full to the best of your ability**. If you have any questions, please refer to our website or call one of our offices.

a) Which of the following **types** of creditable service have you rendered?

- Regular Massachusetts public teaching service No Yes
- Out-of-state public school teaching service No Yes
- Overseas dependent school teaching service (in a school under the supervision of the United States Department of Defense) No Yes
- Nonpublic school teaching service (out-of-state or in Massachusetts) No Yes
- Massachusetts public school substitute, temporary or part-time teaching or tutoring service No Yes
- Other Massachusetts public service (with a Massachusetts town, city, county, state or regional authority) No Yes
- Vocational work experience for licensure/approval in a Massachusetts Ch. 74 vocational program No Yes
- Pre-1975 maternity leave credit No Yes
- Peace Corps service No Yes
- Authorized leave of absence or a sabbatical from a Massachusetts public school [see page 5] No Yes
- Active military service in the armed forces of the United States, Massachusetts National Guard or active reserves [see page 5] No Yes

! ALL APPLICANTS MUST complete Sections a, b and c IN FULL!

b) Please list **ALL** of your creditable service in **chronological order by employer** (from earliest to most recent).

To ensure that we have a **complete** picture of your service history—and that you receive the maximum credit to which you are entitled for your eligible service—please include **ALL** of the types and periods of creditable service that you have rendered during your career, including your current employment, and, if any, service which you may have purchased (or be in the process of purchasing) with the MTRS. Please note that you cannot purchase creditable service after your date of retirement.

Name of employer	Position title	Grade (K-12), if applicable	From mm/dd/yyyy	To mm/dd/yyyy	Employment status (as a % of full-time, e.g., 50%, 100%)	Service credit status (check one)		
						Credited	I plan to purchase	I will not purchase
1					%			
2					%			
3					%			
4					%			
5					%			
6					%			
7					%			
8					%			
9					%			
10					%			

If you need more space to list your creditable service, please attach additional sheets, and check this box to indicate that additional sheets are attached.

c) Please enter your **best estimate** of your total number of years of creditable service—and then be sure that you have listed **ALL** of the service that you are including in your estimate, in Section b, above years

PART 1, SECTION 4

CREDITABLE SERVICE HISTORY

Continued

d) If you checked "Authorized leave of absence or a sabbatical" in Section a on page 4, please provide the following information. Please note:

- If you had any **involuntary** leaves of absence (for example, as a result of being laid off and placed on a recall list), please do **not** list your involuntary leaves here, as they do not qualify as authorized leaves of absence toward the calculation of your creditable service.
- If you received **Workers' Compensation** during any of your leaves, please do **not** list that information here, but include it in Section e, below.

Name of employer	Position title	From mm/dd/yyyy	To mm/dd/yyyy	Compensation received (check one)	
				No compensation	Partial compensation, and indicate % of full-time compensation paid
1					%
2					%
3					%

e) If you received any payments from Workers' Compensation during the period listed in Section a on page 4, for each period, please report the following:

Period of Workers' Compensation		Type of incapacity <i>Check one</i> Partial Full	Payments received by you from school district, if any, during this period		
From (mm/dd/yyyy)	To (mm/dd/yyyy)		Amount	Your annual salary rate in effect	Payment category (e.g., sick leave)
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

f) If you checked "Active military service" in Section a on page 4, please provide the following information.

Type of military service	From mm/dd/yyyy	To mm/dd/yyyy	Service credit status (check one)		
			Credited	I plan to purchase	I will not purchase
1					
2					
3					

PART 1, SECTION 5

YOUR FEDERAL TAX WITHHOLDING INSTRUCTIONS TO US

Substitute Form W-4P

Withholding certificate for pension or annuity payments

Please note:

- **Your MTRS retirement benefit is subject to federal income taxes, and, unless you notify us otherwise, we must begin withholding starting with your first payment.**
Please use this form to instruct us whether you want us to withhold any amount from your monthly MTRS benefit for federal income taxes, and, if so, how much. Note: If you are a Massachusetts resident, your benefit is not subject to **state** income taxes; if you move to another state, however, check with that state's Department of Revenue to find out if your MTRS benefit is taxable in that state.
- **You are liable for payment of federal income tax on the taxable portion of your pension.**
If you elect not to have federal income tax withheld from your monthly benefit or if you do not have a sufficient amount withheld, you may be responsible for payment of estimated taxes. Additionally, if your withholding amount, if any, and/or payments of estimated taxes are not sufficient, you may be subject to tax penalties under the IRS's estimated tax rules.
- **Your tax withholding instructions, if any, will remain in effect until you change them, and you may change your instructions at any time before or during your retirement.**
To change your withholding instructions, simply complete and submit a new Substitute Form W-4P, available on our website at www.mass.gov/mtrs, or call us and we will send you a form.
- **If you do not complete this form, the MTRS must withhold federal income taxes as if you are married and claiming three withholding allowances.**
If the taxable portion of your monthly benefit is more than the withholding level for a married person claiming three allowances, and you do not complete this form, we are required by federal law to withhold at the rate set for a married taxpayer with three allowances.
- **If you need help completing this form, please consult a tax expert or the IRS.**
For more information on tax withholding, and the complete IRS Form W-4P which includes a step-by-step worksheet, please visit the IRS website at www.irs.gov.

Please indicate your federal tax withholding instructions by checking only **ONE** box below:

- I do **NOT** want any federal income taxes withheld from my monthly benefit.
- I want federal income taxes withheld from my monthly benefit based on the IRS tax tables and the marital status and number of exemptions claimed below, and I understand that the amount withheld will automatically change if and when the federal tax rates are adjusted (*complete a, b and c*):
 - a) Marital status (*check one*) Single Married Married, but withhold at higher "single" rate
 - b) Total number of exemptions claimed (*if left blank, zero will be used*)
 - c) Additional amount to be withheld, if any
- I want federal income taxes withheld from my monthly benefit in the flat amount of

Applicant's signature Date

Name . . First M. Last SSN

PART 1, SECTION 6

DIRECT DEPOSIT AUTHORIZATION

Pursuant to 807 CMR 18.00, you must receive your monthly retirement allowance payments by direct deposit to your bank account (also known as an electronic funds transfer, or EFT). Please note:

- In some cases, your **first** retirement payment *may* be sent to you in the form of a check mailed to your home. We work with the State Treasury to test your electronic funds transfer before your first direct deposit is made and, depending on when in the month your test is processed, there may be a one-month delay in your receiving your payments via direct deposit.
- Direct deposit statements are **not** mailed to you every month. Once your direct deposit starts, you will receive a statement in the mail detailing your monthly benefit and deductions. After this initial statement, you will receive a statement only: when there is a change in the amount of your deposit from the prior month; when we wish to use the message area in the statement stub to notify all retirees of special news; or at the end of December, when we provide you with a year-end summary of your benefits.
- It is necessary that you always keep your address up to date with us, and that you notify us of any changes at least 30 days in advance. This is especially important as direct deposit statements will **not** be forwarded by the post office.
- Pursuant to International Automated Clearing House Transactions (IAT) Rules, you must let us know (in Section c, below) if you are having the entire amount of your monthly benefit payment deposited directly to a U.S. bank and then forwarded to a bank in another country. Additionally, if at any time in the future, the status of your direct deposit changes (in other words, you either start or stop having your payments forwarded to a bank in another country), you must update your information with us by filing a new Direct Deposit Authorization form.

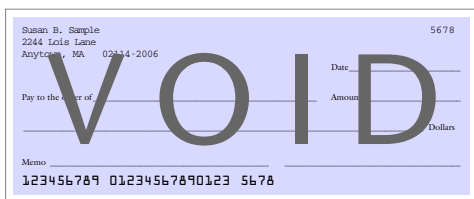
Your payment may be deposited to one account only. Please provide the following information:

a) Name of financial institution

b) Type of account (check **ONE** only)

CHECKING

You must attach a VOIDed check.



SAVINGS

Bank ABA routing number

(9 digits, usually along the bottom left of deposit slip)

Savings account number (no dashes or spaces)

Your deposit slip may have these numbers, or you can call your bank for the information. Some financial institutions have unique ABA routing and account numbers for electronic payments. To avoid any delay, verify your ABA routing and account numbers with your financial institution before completing this process.

c) **Payments forwarded to a foreign bank:** Are you having your payments deposited to a U.S. bank and then **forwarded** to a bank in another country? No Yes

d) I hereby authorize the electronic funds transfer of my monthly benefit allowance from the State Treasurer to the bank and account designated above. The State Treasurer is also authorized to make any adjustments (debit or credit) as a result of errors in transfer. This authorization shall remain in effect until revoked by me in writing to the MTRS or by the State Treasurer.

Applicant's signature

Date

Name . . First M. Last

SSN

If you wish to have your benefit deposited directly to a **CHECKING** account, you must attach a **VOIDed** check here

PART 1, SECTION 8

SPOUSAL ACKNOWLEDGMENT

You **MUST** complete Section a, below, and then, if applicable, your spouse must complete section b. If your spouse's whereabouts are unknown, you must complete a notarized affidavit (available upon request from the MTRS's main office), including your spouse's last known address.

a) I, the undersigned, having applied for retirement from the Massachusetts Teachers' Retirement System, have elected to receive my retirement allowance under the option selected in the previous section. I hereby certify that (check all that apply):

I am now married or expect to be married as of my intended date of retirement as stated in this application. Please sign and date this section, then give this form to your spouse for completion of section b.

I have been divorced and it is my understanding that there is is not don't know a Domestic Relations Order on file with the MTRS. Please sign and date this section, then return your entire application to the MTRS.

I am NOT currently married and do not expect to be married as of my intended date of retirement as stated in this application. Please sign and date this section, then return your entire application to the MTRS.

I subscribe under the penalties of perjury that the above information is true, complete and correct to the best of my knowledge.

Applicant's signature Date*
Name (please print) SSN

b) As the spouse of a member who is retiring from the MTRS, you are entitled to both notification and explanation of the retirement option selected by the member. You must sign Section b before one witness; **the member named in Section a, above, cannot be your witness.** The witness must sign and date the form on the same day that you do; it is not necessary that your witness be a Notary Public. Before completing this section, please see which retirement option your spouse has chosen in the previous section, and then read the explanations of the available retirement options as provided under "Benefit estimates," above, as well as on pages iii and iv of this application and on our website at mass.gov/mtrs. **Please be sure that you have read and understand the various provisions of the option selected by your spouse, specifically, the benefits to which you may or may not be entitled to upon his or her death. If you have any questions, do not hesitate to contact the MTRS for an explanation.**

If you fail to sign this Spousal acknowledgment, the MTRS will notify you within fifteen (15) days by registered mail of the option selected by your spouse and your right to sign and return the spousal acknowledgment within thirty (30) days. Failure to sign and return the Spousal Acknowledgment to the Massachusetts Teachers' Retirement System within 30 days will result in your spouse's selection becoming effective without your signature.

I, the undersigned, am the spouse of the member named in Section a, above, who has applied for retirement from the Massachusetts Teachers' Retirement System. I hereby certify under the penalties of perjury that:

- I have read and understand the information on Options A, B and C, and
- I am aware of the option selected by the applicant and understand the provisions of that option.

Spouse's signature Date*
Name (please print) SSN

WITNESS TO SPOUSE'S SIGNATURE (must be witnessed by someone **other** than the member)

I subscribe under the penalties of perjury that the member's spouse (the person named immediately above) personally appeared before me and signed this form in my presence.

Witness's signature Date*
Name (please print)

Address



NOTE :

ALL applicants must sign and complete this section!

* This section must be completed and signed **ON OR AFTER** the date that the member completed and signed Part 1, Section 7 (page 8).



If this section is completed **before** the date that the member signed Part 1, Section 7, we will return the application to the member to have this page completed and signed again.

PART 1, SECTION 9 You should complete this section if you have selected **Option A** only.

**OPTION A
MONTH-OF-DEATH
PAYMENT
RECIPIENT***

Option A provides no survivor benefits. After your death, if any benefits that you earned in the month of your death are due, they will be paid in a lump sum to your month-of-death payment recipient(s).

Type (check one) Person Trust, estate or organization	Name of recipient (if "Type" is person, indicate first, MI and last name)	Relationship to you	Social Security number or tax ID	% of payment
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

Total sum of percentages listed for all Option A month-of-death payment recipients must equal 100%

PART 1, SECTION 10 You must complete this section if you have selected **Option B** only.

**OPTION B
BENEFICIARY
DESIGNATION***

Option B provides a benefit allowance that is approximately 1 percent less than the Option A allowance. Upon your death, it also provides for the lump-sum payment of the remainder of the member's annuity savings account, if any, to the named beneficiary(ies); in most cases, the annuity will be depleted within 9 to 11 years.

a) Please designate your **PRIMARY** Option B beneficiary(ies):

Type (check one) Person Trust, estate or organization	Beneficiary (if "Type" is person, indicate name as First, MI and Last name)	If Type is "Person" also provide...	% of benefit
	Name <input type="text"/>	Date of birth mm/dd/yyyy <input type="text"/>	<input type="text"/> %
	Address <input type="text"/>	Relationship to you <input type="text"/>	
	Social Security number or tax ID XXX-XX-XXXX <input type="text"/>		
	Name <input type="text"/>	Date of birth mm/dd/yyyy <input type="text"/>	<input type="text"/> %
	Address <input type="text"/>	Relationship to you <input type="text"/>	
	Social Security number or tax ID XXX-XX-XXXX <input type="text"/>		

Total sum of percentages listed for all PRIMARY Option B beneficiaries must equal 100%

b) Please designate your **CONTINGENT** Option B beneficiary(ies): In the event that the named lump-sum beneficiary(ies) named above are not alive at the time of your death, the survivor benefit, if any, will be paid to your contingent beneficiary(ies). If any of your primary beneficiaries predecease you, they are replaced by a contingent beneficiary, in the order in which you name them, below. The remaining primary beneficiaries' shares do not increase if one of them predeceases you. If there is no contingent beneficiary who is presently living, that share is paid to your estate.

Type (check one) Person Trust, estate or organization	Beneficiary (if "Type" is person, indicate name as first, MI and last name)	Social Security number or tax ID	% of benefit
	Name <input type="text"/>	<input type="text"/>	<input type="text"/> %

c) I have selected retirement Option B and hereby designate the person(s) or entity(ies) named above as my Option B beneficiary(ies). I understand that this designation will remain in effect unless and until I submit a new, revised *Beneficiary Form—Retired Member/Option B* to the Massachusetts Teachers' Retirement System.

Applicant's signature

Name (please print)

Date

SSN

*** Additional information regarding Sections 9 and 10**

- You may change your designation at any time during your retirement by completing and submitting a revised form to the MTRS.
- You may name more than one person or entity. If you do name more than one entity, however, please be sure to indicate the percentage that each entity should receive (the total must equal 100 percent). If you fail to indicate a percentage, we will distribute the amount equally among the entities. If the total does not equal 100 percent, the difference will be paid to your estate.
- If you need more space to indicate additional entities, please make a photocopy of this page, complete the appropriate line(s), and check this box to indicate that additional sheet(s) are attached.

Retirement Application, Part 2

For superannuation (regular or RetirementPlus) and involuntary termination retirement benefits

PART 2, SECTION 1

SERVICE AND SALARY DATA

Instructions to member:
 Please provide your personal data and then forward these five pages to your payroll officer for completion of Sections 2 through 7.

Your payroll officer will then return these five pages to you for forwarding to the MTRS along with Part 1, pages 1 through 10.

NOTE: If you are employed by more than one school district on your intended date of retirement, please make additional copies of these five pages and have them completed by a payroll administrator in each of the districts in which you are employed.

a) Name of member Last
 First MI
 b) Social Security number XXX-XX-XXXX
 c) Type of retirement (check one). Superannuation/Regular
 Superannuation/RetirementPlus
 Involuntary termination
 d) Intended date of retirement . . . mm/dd/yyyy
 e) Name of school district.

INSTRUCTIONS TO PAYROLL OFFICER: Please follow these steps:

- **Complete** Sections 2 through 7, below, and **make a copy of these five pages for your records.**
- If, at some later date, there is a change in the salaries reported in Section 5—either because of a retroactive contract settlement or error—please **mark the corrections** directly on a copy of this sheet, initial and date any changes and send the copy to the MTRS. If the changes resulted from a contract settlement, please forward a copy of the relevant contract language along with the corrected pages. Likewise, if the change in salaries reported in Section 5 results in a change in the current deductions listed in Section 4, please indicate, initial and date that change too.
- **Return** these five pages (Sections 1 through 7) to the member. It is then the member's responsibility to submit his or her entire *Retirement Application* to the MTRS three to four months prior to his or her effective date of retirement.

Your assistance in expediting the completion of these pages will be most appreciated!

PART 2, SECTION 2

SERVICE VERIFICATION

Please report this member's entire service history with your school department (in other words, not just for the last three years). Please indicate whether service was rendered on a full-time or part-time basis; if service was rendered on a part-time basis, please also indicate it as a percentage of full-time. If necessary, please attach additional sheets to report this service.

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Full-time	OR	Part-time, and indicate % of full-time
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>

During any period of service above, No was the member a kindergarten teacher? Yes; from to

For the service reported above, please report any authorized **leaves of absence** when no compensation or partial compensation was received. **NOTE:** Please do **not** list here: any **involuntary** leaves of absence (e.g., as a result of the member being laid off and placed on a recall list) as they do not qualify as authorized leaves of absence; or, any periods during which Workers' Compensation was received (please list that information in Part 2, Section 6).

From (mm/dd/yyyy)	To (mm/dd/yyyy)	No compensation	OR	Partial compensation, and indicate % of full-compensation
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>

PART 2, SECTION 3

FIVE-YEAR SALARY HISTORY

Significance of salary history: The member's retirement benefit calculation is based, in part, on either the average of the member's highest three consecutive years' salaries, or the average of his or her last three years' salaries, whichever is greater.

Accordingly, please indicate the **contract year** and **contract type** for each of the following **four**— or, if the contract type was "Individual contract," **five**—years:

- **Lines i, ii and iii:** the three consecutive years when this member's salary was the highest;
- **Line iv:** the year right before that three-year period; and,
- **Line v, if this member had an individual contract:** the year before the year in Line iv.

	Contract year		Contract type <i>Check one</i>	
	From mm/dd/yyyy	To mm/dd/yyyy	Collective Bargaining Agreement (teachers, others)	Individual contract (superintendents, principals, others)
i)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7
ii)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7
iii)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7
iv)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7
v)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7

PART 2, SECTION 4

CURRENT DEDUCTIONS, LAST CHECK DATE, AND CONTRACT STATUS

a) Please report this member's current monthly earnings and actual and/or projected future deductions for the **SIX months prior to the applicant's date of separation from service with your district**. Additionally, in the last column, please indicate the month of the member's last payroll deduction.

Date (mm/yyyy)	Earnings	Total MTRS deduction amount	Final deduction (check only one box)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

b) Please enter the date of the member's last paycheck mm/dd/yyyy

[Note to payroll official: To avoid receiving an error message in MyTRS when submitting your payroll deduction report for the month of this member's retirement, please enter this member's "termination event" in MyTRS now, while you have the information at hand.]

c) Has your school district settled its contract for the current year? Yes No
If no, please send us a copy of the new contract as soon as it is settled along with a list of all of your teachers who retired before the settlement and who will need an adjustment.

PART 2, SECTION 5

SALARY VERIFICATION

Please provide this member's salary data as requested below. Please note:

- Please report the member's service and salary data for the **four**—or, if the member was covered by an individual contract, **five**—years that you listed in Part 2, Section 3, above.
- If the member's last year of earnings was not a complete school year, please list that partial year and the four (or five) full school years prior to it. If there are two contract rates in effect during one school year, please do not average the amounts; instead, use two lines—one for each contract period—and complete columns B through G for each period.
- If column B does not equal column C, but the member worked the entire contract year, please attach additional sheet(s) to explain why (for example, because of disciplinary reasons).
- If column G does not equal columns D plus E, please attach additional sheet(s) to explain why (for example, because of a legal issue, Workers' Compensation payments, salary lost due to misconduct or any additional agreements).

A Period each salary rate was in effect during the three years of highest salaries <i>Use a separate line for each salary rate</i> From (mm/dd/yyyy) To (mm/dd/yyyy)	B Number of days paid during period	C Number of days in contract year	D Annual contract rate for each period	E Additional salary earned for coaching, extracurricular activities or longevity; or, for grandfathered annuities or fringe benefits	F Amounts paid for unused sick leave, unused vacation pay, retirement incentives, bonuses, severance payments or nongrandfathered fringe benefits*	G Actual salary paid (Do not include amounts listed in column F)	
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$

* NOTE: By law, retirement deductions should not be withheld for any monies listed in column F. If any deductions were taken in error on any amounts included in column F, please explain below. For details on grandfathered payments for annuities or fringe benefits, please go to www.mass.gov/mtrs/2members/20active/20pensionfaq.htm.

PART 2, SECTION 5

SALARY VERIFICATION

Please provide a breakdown, by school year, of additional salary earned for coaching, extracurricular activities or longevity, or grandfathered payments for annuities or fringe benefits,* or any other amounts listed in column E, above. If you need additional lines to report this compensation, please attach additional sheets.

Continued

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Identify type of earning (if extracurricular activity, indicate specific title)	Amount paid
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$

* For details on grandfathered payments for annuities or fringe benefits, please go to www.mass.gov/mtrs/2members/20active/20pensionfaq.htm.

Were the additional earnings listed directly above paid under the terms of an annual contract? No Yes (please attach the applicable sections of the contract)

PART 2, SECTION 6

WORKERS' COMPENSATION

During the member's service with your district (as listed in Section 2), did he or she receive any payments from Workers' Compensation? No Yes

If "yes," for each period, please attach explanatory documentation and report the following:

Period of Workers' Compensation		Type of incapacity		Payments from school district to member, if any, during this period		
From (mm/dd/yyyy)	To (mm/dd/yyyy)	Check one		Amount	Member's annual salary rate in effect	Payment category (e.g., sick leave)
		Partial	Full			
/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	

PART 2, SECTION 7

STATEMENT AND SIGNATURE OF SCHOOL DEPARTMENT OFFICIAL(S)

IMPORTANT NOTES

ALL signatures must be original, in-person by-hand signatures—not stamps.

If the applicant was employed under the terms of an individual contract, this statement MUST also be signed by the superintendent of the school district. If the applicant is the superintendent, then this statement MUST instead be signed by the chairperson of the school committee.

Please return these five pages, along with copies of all applicable contracts and documents, to the applicant, for submittal to the MTRS. Thank you for your assistance to us and our members!

a) If, as indicated in Part 2, Section 3, the member was covered by an individual contract...

- What was the earliest date that your school district's superintendent, School Committee or anyone in your administrative offices, had knowledge—formally or informally—of the member's intent to resign and/or retire? mm/yyyy
Were any of the individual contracts covering the member's employment for the last five years renegotiated (i.e., the original provisions were changed, and the changes applied retroactively and/or prospectively)?
In addition to the contracts, are there any documents (formal or informal) pertaining to the member's contracts or salaries for the last five years, or his or her intent to resign and/or retire?
If yes, please list all documents here AND attach a copy of each:

- During any School Committee meetings (including open and executive sessions), did any discussions or votes take place pertaining to the member's contracts or salaries for the last five years, or his or her intent to resign and/or retire?
b) To your knowledge, has the applicant ever been convicted of a criminal offense related to the member's office or position?
c) Is the member's separation from service related in any way to a criminal action?

Required for ALL applicants: SIGNATURE OF SCHOOL DEPARTMENT OFFICIAL

I hereby certify, UNDER THE PENALTIES OF PERJURY, that:
the salary reported herein at page 3, column G, Actual salary paid, does not include any amounts paid to the member based on the school district's formal or informal knowledge of the member's intent to retire; for unused sick leave; in lieu of or for unused vacation pay; retirement incentives, bonus or severance payments, or nongrandfathered fringe benefits; and,
the above information is true, complete and correct.
I have made a copy of these pages (Part 2, Sections 1-7) for future reference and clarification, if needed.

Signature box with X, Date, Name (please print), Title, E-mail, Phone, Fax

ALSO required if the applicant is employed under the terms of an individual contract: SIGNATURE OF SUPERINTENDENT OR SCHOOL COMMITTEE CHAIRPERSON

I have reviewed this information and hereby certify, UNDER THE PENALTIES OF PERJURY, that:
the salary reported herein at page 3, column G, Actual salary paid, does not include any amounts paid to the member based on the school district's formal or informal knowledge of the member's intent to retire; for unused sick leave; in lieu of or for unused vacation pay; retirement incentives, bonus or severance payments, or nongrandfathered fringe benefits; and,
the above information is true, complete and correct.

Signature box with X, Date, Name (please print), Title, Phone