



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) MTRS member number
 d) Type of retirement (check one)
 Superannuation/Regular
 Superannuation/RetirementPlus
 Involuntary termination
 e) Intended date of retirement . . . mm/dd/yyyy
 f) 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, was the member a kindergarten or prekindergarten teacher? No 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 earnings 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 Full-time equivalent salary for each period	E Additional eligible earnings for coaching, extracurricular activities or longevity; or, for grandfathered annuities or fringe benefits	F Ineligible earnings paid for unused sick leave, unused vacation pay, retirement incentives, bonuses, severance payments or nongrandfathered fringe benefits*	G Total eligible earnings <i>(Do not include amounts listed in column F)</i>
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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* **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/active-and-inactive-members/other-issues/chapter-21-of-the-acts-of-2009.html.

PART 2, SECTION 5

SALARY VERIFICATION

Please provide a breakdown, by school year, of all additional eligible earnings 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
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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* For details on grandfathered payments for annuities or fringe benefits, please go to www.mass.gov/mtrs/active-and-inactive-members/other-issues/chapter-21-of-the-acts-of-2009.html.

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

PART 2, SECTION 7

STATEMENT AND SIGNATURE OF SCHOOL DEPARTMENT OFFICIAL(S)

a) To your knowledge, has the applicant ever been convicted of a criminal offense related to the member's office or position? ... Yes No Don't know

b) Is the member's separation from service related in any way to a criminal action? Yes No

c) 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)? ... Yes No

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? ... Yes No

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? . Yes No

If yes, you must provide copies of ALL minutes of these meetings.

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, Total eligible earnings, 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

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!

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, Total eligible earnings, 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