



Please email this completed form to: EstimateRequest@tre.state.ma.us and it will be added to the request queue. Alternatively, you can mail the form to the address on the bottom of Page 2. Most responses may take up to 2 weeks due to the amount of requests received.

While the form is processed, feel free to use the **Retirement Pension Estimator** on our website. Members of the Massachusetts State Employees' Retirement System (MSERS) can use the retirement estimator at the following link to calculate an estimated pension amount based on their group classification and beneficiary details:

<https://www.mass.gov/service-details/retirement-pension-estimator>.

A Pension Benefit Estimate will provide active members of the Massachusetts Employees' State Retirement System in groups 1, 2 or 4 an approximation of their potential retirement benefits. **Please note that your eligibility for any actual benefit amount will be determined at the time of retirement under M.G.L. c.32. The Massachusetts State Employees' Retirement System is not bound by any estimates provided.**

Provide the Last Four Digits of Your
SSN, or MSRB ID, or HRCMS ID:

Full Name:

Provide estimated retirement date(s): e.g., Dec. 31, 2021

Are You a Veteran? Yes No

Have you been actively deployed or have received Military Orders during your State service? Yes No

Are you currently on a Military leave of absence? Yes No

If applicable, provide Option C¹ Beneficiary Date of Birth:

Current agency:

Current Job Title / Position:

Are you in a union? Yes No

If known, what is your Group Classification? Group 1 Group 2 Group 4 20/50 Pro-Rate²
(Group Classification for Prior Position)

If you checked Group 2, 4 or 20/50, please list position(s)/title(s) and dates of service for each position you expect to apply for Group Classification:

PLEASE COMPLETE BOTH SIDES. FORM IS CONTINUED ON PAGE 2

¹Option C must be a spouse, parent, un-married former spouse, sibling, or child.

²PLEASE NOTE FOR GROUP CLASSIFICATIONS: Classification for 2, 4, 20/50, or pro-rate requires the completion of an Application for Group Classification at retirement.

Members *hired before April 2, 2012*, may elect to have their creditable service pro-rated, but it is not mandatory. Members *hired on or after April 2, 2012*, MUST have their creditable service pro-rated based on their group classification during their service.

If you have any questions, please email: EstimateRequest@tre.state.ma.us.

PENSION BENEFIT ESTIMATE REQUEST - PAGE 2

Member Name: _____ Last four digits of SSN/MSRB ID/Employee ID: _____

Do you currently work full-time or part-time? Full-time Part-time

Did you stop working more than 60 days ago? Yes No

Do you have part-time creditable service prior to 1/29/1993? Yes No Possibly

Do you have a buyback in progress? Yes No

Please provide the estimated number of years of service you believe you currently have: _____

Are you party to a divorce? Yes No

If yes: Do you have a QDRO (Qualified Domestic Relations Order)? Yes No

If yes: Did you submit a copy to the State Retirement Board? Yes No

If no: Please submit a copy to the State Retirement Board.

PLEASE NOTE: QDRO Estimates can take several weeks to complete due to volume and complexity.

Were you ever a party to an arbitration award or settlement agreement with your employer? Yes No

If yes, please mail a copy to the Board if you haven't already.

Provide your current mailing address: _____

City: _____ State: _____ Zip: _____

Preferred method to receive estimate: Email Mail

Daytime Phone #: _____ Email address: _____

Is there anything else about your service history that you wish to highlight? (e.g., If you have service on account with another Massachusetts public retirement system, please explain here.)

Signature: X _____ Date of Request: (MM/DD/YYYY) _____

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Main Office: One Winter Street, 8th Floor, Boston, MA 02108.

Regional Office: 436 Dwight Street, Room 109A, Springfield, MA 01103.

mass.gov/retirement