THE COMMONWEALTH OF MASSACHUSETTS State Retirement Board

INSTRUCTIONS:

A Group Classification Application must be submitted for each position for which a member is seeking Group Classification. The member must first complete Section A and submit the application and all attachments to the human resources department at the agency which employed them in the position for which they seek group classification.

The agency must then complete Section B and submit the application and all attachments to the Board. The complete application must be reviewed by the member's direct supervisor or the current supervisor familiar with the duties of the position being reviewed.

If you were hired prior to April 2, 2012 you can choose to pro-rate your creditable service.

- You may request all of your time to be rated the same as when you worked the last 12 months immediately preceding retirement, if you so choose.
- If you choose to have all of your time be rated, you would only have to submit one group classification.

If you were hired on or after April 2, 2012 you MUST have your creditable service pro-rated.

- If approved, at retirement a benefit calculation is completed for the pro-rated periods of Group 2 or Group 4 service and may be combined with benefit calculations for periods of other service.
- You would need to submit a separate group classification application for each position you wish to be designated as Group 2, Group 4, or 20/50 (Corrections Officers Only).

PRO-RATE EXAMPLE:

The following is an example of a member pro-rating their service.

A member **who served in both Group 2 and Group 1**, entered service **prior to April 2, 2012**, superannuation retirement with the following conditions:

Age: 60 Years of creditable service in Group 2: 10 Years of creditable service in Group 1: 20 High 36 consecutive month average of annual rate of regular compensation: \$50,000

Calculation: (Age Factor x Years of Creditable Service)(Salary Average)= Total Option A Annual Allowance

Group 2: (.025 x 10)(\$50,000) = \$12,500 Group 1: (.020 x 20)(\$50,000) = \$20,000

Both calculations are added together, not to exceed the maximum of 80% = \$32,500 annual benefit.

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Instructions:

A Group Classification Application must be submitted for each position for which a member is seeking Group Classification. The member must first complete Section A and submit the application and all attachments to the human resources department at the agency which employed them in the position for which they seek group classification. The agency must then complete Section B and submit the application and all attachments to the Board. The complete application must be reviewed by the member's direct supervisor or the current supervisor familiar with the duties of the position being reviewed.

SECTION A TO BE COMPLETED BY MEMBER:

Address: Date of Birth: City/State/Zip: Contact Telephone: Current Employing Agency: Personal E-Mail: Applying for: Group 2 Group 4 20/50 (Corrections Officers Only) Job Title for Group Classification: Member Questionnaire: 1. Are you an active member currently employed with the Commonwealth? Yes No 2. Did your membership begin before April 2, 2012? Yes No 3. Are you an active member and you entered service before April 2, 2012 you may elect to pro-rate your service by group classification? 3. Are you seeking pro-rated service by group classification? • If you are an active members for pup classification? • If yes, you must submit a separate Group Classification Application for each position you are seeking group classification. • Pro-rated service is mandatory for members entering service April 2, 2012 or later. 4. How many Group Classification Applications are you submitting? (including this one) 5. Please report the name of the state agency that employed you for the group classification you are seeking: 6. List the approximate dates of employment in the position for which you are seeking group classification (MM/DD/YY): 70 Please attach a narrative description of your daily responsibilities for the position you seek group position has change and your position and job duties immediately prior to that change. I hereby certify under the penalties of perju	City/State/Zip: Contact Telephone: Current Employing Agency: Personal E-Mail: Work E-mail: Applying for: Group 2 Group 4 20/50 (Corrections Officers Only) Iob Title for Group Classification: Member Questionnaire: 1. Are you an active member currently employed with the Commonwealth? Yes No 2. Did your membership begin before April 2, 2012? Yes No If you are an active member and you entered service before April 2, 2012 you may elect to pro-rate your service by group classification. 3. Are you seeking pro-rated service by group classification Application for each position you are seeking group classification. Pro-rated service is mandatory for members entering service April 2, 2012 or later. 4. How many Group Classification Applications are you submitting? (including this one) 5. Please report the name of the state agency that employed you for the group classification you are seeking: 5. List the approximate dates of employment in the position for which you are seeking group classification of your daily responsibilities for the position you seek group classification; whether you supervise other employees; and if you work with a specific population of individuals. If your position has changed within the last twelve months, please describe the circumstances of that change and your position and job duties immediately prior to that change. hereby certify under the penalties of perjury that the above information is true and accurate.	Member's Name:		S	S#:		
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Member Signature

Date

Main Office: One Winter Street, 8th Floor, Boston, MA 02108 Phone: 617-367-7770 Toll Free (within MA): 1-800-392-6014 Regional Office: 436 Dwight Street, Room 109A, Springfield , MA 01103 Phone: 413-730-6135 mass.gov/retirement

SECTION B TO BE COMPLETED BY EMPLOYING AGENCY HR DEPARTMENT:

Agency:
Address:
City/State/Zip:
Telephone:
Name of Person Completing this Form:
Name of Direct Supervisor:

SS#:

Member Employment History:

1. Please report dates of service rendered in your agency and positions held by the employee. You may attach additional sheets if necessary. If the employee is not pro-rating their service and is seeking Group Classification for their last position, list the information for their last position and service rendered.

If part-time, please indicate percentage of full-time employment:

Period of Employment		Years/Months of	Full-Time		T 'LL (D. 'L'	
From (MM/DD/YY)	To (MM/DD/YY)	Service	(Y/N)	Part-time %	Title/Position	

- 2. Has the member's direct supervisor or a supervisor familiar with the duties of the position reviewed the documentation being submitted to the Board?
 - 🗆 Yes 🗌 No

Please attach written documentation of member's service dates, Form-30 job description(s), and if applicable, information including Employee Performance Review Statement (EPRS).

This application and any attachments must be reviewed by a supervisor prior to submission to the Board.

I hereby certify under the penalties of perjury that I have reviewed the contents of this application and that the above information and attachments are true and accurate.

X

Original Signature Required

SIGNATURE - Direct Supervisor or Current Supervisor for position being classified Date

Original Signature Required

SIGNATURE - Employing Agency HR Representative

Main Office: One Winter Street, 8th Floor, Boston, MA 02108 Phone: 617-367-7770 Toll Free (within MA): 1-800-392-6014 Regional Office: 436 Dwight Street, Room 109A, Springfield , MA 01103 Phone: 413-730-6135 mass.gov/retirement