



# 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

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

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Pursuant to Massachusetts General Laws, Chapter 32, Sections 5, 10(1), 10(2) and 10(3)

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**Retirement Board:** Please enter your retirement board information here.

<b>Name of Retirement Board:</b>	<input type="text"/>		
<b>Address:</b>	<input type="text"/>		
<b>City/Town:</b>	<input type="text"/>	<b>Zip Code:</b>	<input type="text"/>
<b>Telephone:</b>	<input type="text"/>	<b>Fax:</b>	<input type="text"/>

## Member's Present Contact Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>Member's Last Name</b>	<b>Member's First Name</b>	<b>Social Security # (last four)</b>		
<b>Street Address:</b>	<input type="text"/>			
<b>City/Town:</b>	<input type="text"/>	<b>State:</b>	<input type="text"/>	
<b>Zip Code:</b>	<input type="text"/>			
<b>Email:</b>	<input type="text"/>			
<b>Phone:</b>	<input type="text"/>			
<b>Marital Status:</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced
<b>If Divorced, do you have a Qualified Domestic Relations Order (QDRO) in place?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> 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:

<input type="text"/>	<input type="text"/>
<b>Agency or Department Retiring From*</b>	<b>Title/Position</b>

\* For those retiring from regional or county retirement systems, please identify the community.

## Contact Information After Retirement *(Enter only if different from present address)*

<input type="text"/>			
<b>Street and Number</b>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>City/Town</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone #</b>

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 position 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 classification 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: