



THE COMMONWEALTH OF MASSACHUSETTS  
**State Board of Retirement**  
 ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

**SECTION 105  
 (RETURN TO SERVICE)  
 REQUEST FORM**

**PLEASE COMPLETE AND RETURN FORM TO MAIN OFFICE (ADDRESS BELOW)**

This form is to be used by a retiree of the Massachusetts State Employees' Retirement System ("MSERS") to request reinstatement in a retirement system. Once this form has been received and processed, the person will receive a letter confirming the total amount required for repayment. To move forward with the reinstatement process, the person must sign and return this form. You should carefully consider the requirements of Section 105 before making any repayment agreements.

**1. MEMBER INFORMATION (required)**

**I respectfully request reinstatement to service from superannuation/termination retirement under the provision of Section 105 of Massachusetts General Laws Chapter 32.**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

I wish to be reinstated on: (MM/DD/YYYY) \_\_\_\_\_ Date of retirement: (MM/DD/YYYY) \_\_\_\_\_

All Former Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are You a Veteran?  No  Yes

Marital Status:  Single  Married  Divorced  Widowed Gender:  M  F

Last Agency of State Employment: \_\_\_\_\_

Position/Title: \_\_\_\_\_

**2. CONTACT INFORMATION (required)**

Personal Email Address: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**IMPORTANT INFORMATION:**

This form would allow a retiree of the MSERS retired under M.G.L. c. 32, §5 or §10, to request a return to membership in the MSERS when employed in the public sector after retirement. The retiree would become a member upon conditions including payment to the MSERS of an amount equal to the retirement allowance that the retiree had received while retired plus "buy back interest." The person will contribute to the retirement system where they are newly employed at the rate in effect on the date that the person waived his or her allowance or the date that the member was reinstated to membership, which-ever date is earlier.

If the person remains reinstated (as a full-time employee) for more than 5 years, he or she will be eligible to retire again, with additional creditable service. If the person is reinstated to membership for less than 5 years, upon retirement, he or she will receive a refund of all retirement contributions paid into the system and their benefit will resume at its former level.

THIS SECTION BOARD USE ONLY



### 3. STATEMENT OF INTENT (required)

I, \_\_\_\_\_, wish to suspend my benefit payments effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_ because I am returning to work at \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . I understand I must pay back all of my retirement benefits, plus buyback interest and must work an additional 5 years full time before the Board can calculate a new retirement benefit.

### 4. CHECKLIST AND SIGNATURE (required – Application will NOT be processed without signature)

Please mark the following boxes, indicating your understanding of the rules of reinstatement.

- All statements on this application are true statements made under the penalties of perjury.
- My right to my superannuation / termination retirement allowance will cease as of my reinstatement date.
- I will be required** to repay the gross amount of superannuation/termination retirement allowance that I have received from the date of my first pension payment to the date of my reinstatement plus buyback interest. This payment will be made by my reinstatement date or I will have entered into a signed and binding repayment agreement with my retirement board by my reinstatement date. I may be able to rollover retirement funds to make this repayment. (I may contact my tax advisor for information on relevant tax provisions.)
- If I do not repay the amount of allowance that I have received plus buyback interest, then the reinstatement service that I earn after my reinstatement may be prorated by my retirement board at the time of my subsequent retirement.
- My contribution rate after reinstatement will be the **contribution rate in effect on my reinstatement date** or the date of waiver of my retirement allowance, whichever is earlier, and not necessarily the contribution rate that I paid when I last retired.
- I may purchase creditable service for eligible public employment that took place after my retirement and before my reinstatement (I may contact my retirement board for information on cost and my payment options for this buyback.)
- I must work five years of full time employment** after my reinstatement date in order to receive any increased benefits under M.G.L c. 32, §105.

Sign Here: **X**

*Original Signature Required\**

\_\_\_\_\_ Member Signature

\_\_\_\_\_ Date

***\*A computer generated or other non-original signature is not acceptable.***