



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

**TERMINATION  
RETIREMENT ALLOWANCE**

Employer's Certification  
Pursuant to G.L. c. § 10(2)

**PLEASE COMPLETE AND FILE WITH RETIREMENT APPLICATION**

**MEMBER INFORMATION**

Full Name (please print)

MSRB I.D. (if known)

Mailing Address

Last four digits of Social Security Number

City/Town

State

Zip Code

Country (If outside of the U.S.)

E-Mail Address

Phone Number

**PLEASE NOTE:**

**G.L. c. 32, § 10(2)** provides for a Termination Retirement Allowance to any member of a Retirement System **who became a member prior to April 2, 2012**, and has at least twenty years of creditable service and who fails of reappointment, or whose office or position is abolished, or who is removed or discharged from his or her office or position without moral turpitude.

**G.L. c. 32, § 10(2)**, as amended requires the employer of any employee applying for a Termination Retirement Allowance to certify in writing as to the member's eligibility for the Termination Retirement.

**G.L. c. 32, § 10(2)** provides that any member who is removed or discharged for violation of the laws, rules, and regulations applicable to his office or position, or any member whose removal or discharge was brought about by collusion or conspiracy, shall not be entitled to the Termination Retirement Allowance provided for in this subdivision.

**EMPLOYER'S CERTIFICATION IN CONNECTION WITH TERMINATION RETIREMENT**

I, **(printed name)** \_\_\_\_\_, as the Department Head and/or Human Resource representative of the Commonwealth of Massachusetts agency \_\_\_\_\_ **(place of employment)**, hereby certify that he/she was terminated from his/her position for the following reason (check one):

- ☐ The employee has failed of reappointment, or
- ☐ The employee's office or position has been abolished, or
- ☐ The employee has been removed or discharged from his/her position without moral turpitude on his/her part.

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## EMPLOYER'S CERTIFICATION IN CONNECTION WITH TERMINATION RETIREMENT

Please attach all relevant documentation detailing all circumstances surrounding the employee's termination, such as letters of termination, investigation findings, agreements, and releases between the employee and employer.

### Please answer the following questions:

Has this employee been officially investigated for or charged with misappropriation of funds from his/her employer or convicted of any crime related to his/her office or position?

☐

Yes

☐

No



If yes, please provide documentation

Is the employee engaged in any appeal or litigation including administrative hearings or arbitrations surrounding his/her termination?

☐

Yes

☐

No



If yes, please provide documentation

Has the employee accepted any retirement or termination incentive payments as part of his/her separation from service?

☐

Yes

☐

No



If yes, please provide documentation

## EMPLOYER ACKNOWLEDGMENT

The statements and facts contained in this document are correct, complete, accurately presented, and are made under the pains and penalties of perjury.

\_\_\_\_\_  
Signature of Preparer or Department Head

\_\_\_\_\_  
Date