

Employer's Certification in Connection with Termination Retirement Allowance Pursuant to G.L. c. 32, § 10(2) to be Filed with the Retirement Board

Updated August, 2003

Retirement Board: Please place your address and phone number here. ▶

Member's Last Name _____ First _____ M.I. _____ Former or Maiden Name _____
Street Address _____ Social Security # _____
City _____ State _____ Zip _____

G.L. c. 32, § 10(2) provides for a Termination Retirement Allowance to any member of a Retirement System who has at least twenty years of creditable service and who fails of nomination or re-election, or 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 effective July 1, 2002, 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.

I, (name) _____ am the employer of the above-named employee at _____ (place of employment) and hereby certify that he/she was terminated from his/her position for the following reason (check one):

- ☐ The employee has failed of nomination or re-election; or
- ☐ 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 position without moral turpitude on his part.

See Page Two.



Member's Last Name	First	M.I.	Social Security #
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By way of further explanation, I state as follows: (Set forth a detailed statement of all circumstances surrounding the employee's termination, attaching supporting documents as needed).

G.L. c. 32, § 15

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.

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

Signature of Employer _____

Print full name _____

Title _____

Date _____