



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board

ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

SUPERANNUATION RETIREMENT APPLICATION

APPLICATION PROCESS

If you are actively employed or on a leave of absence you may file your application to retire within 120 days before the date you plan to retire. If we receive your application more than 60 days after your last day on the payroll, your effective retirement date will be 15 days from the date we receive your application.

Please note, your eligibility to receive any actual retirement benefit and the amount of a benefit will be finally determined as your application is reviewed, and after information including, but not limited to, the following has been verified where applicable:

- Your membership status;
- The amount of creditable service you have accrued;
- What amounts paid to you qualify as “regular compensation” to be included in your benefit calculation;
- Your group classification;
- Whether any salary increases are within statutory (anti-spiking) limits.

You should contact the State Retirement Board if:

1. in the five years of creditable service immediately preceding retirement your annual rate of salary doubled between any two consecutive years; or,
2. in determining the 3-year or 5-year salary average your regular compensation in any year exceeds the average of the regular compensation of the previous two years by more than 10%.

Also, any requests to withdraw your application, change your retirement date, or change your benefit option must be made in writing and received by the State Retirement Board prior to the effective date of retirement listed on your original application.

The State Retirement Board strongly recommends that you contact the Board to review your account and service history ahead of your retirement, and **file your retirement application at least 30 to 60 days in advance** of leaving your position. **Once your effective date of retirement has passed you may not change your retirement option nor may you change your date of retirement.**

COUNSELING

Additional information on the retirement process is available on our website, www.mass.gov/retirement.

If you are interested in individual counseling, walk-in counseling service is available between the hours of 10:00 a.m. and 3:00 p.m., Monday through Friday at either of our offices:

Boston

One Winter Street, 8th Floor, Boston, MA 02108
7:45 a.m. to 5:00 p.m., Monday through Friday.
Phone: 617-367-7770 or 1-800-392-6014 (Mass only)
Fax: 617-723-1438

Springfield

436 Dwight Street, Room 109A, Springfield, MA 01103
8:00 a.m. to 5:00 p.m., Monday through Friday
Phone: 413-730-6135
Fax: 413-730-6139

Please see page 2 for further information and Application Process Checklist.



THE COMMONWEALTH OF MASSACHUSETTS

State Retirement Board

One Winter Street, 8th Floor, Boston, MA 02108

IMPORTANT INFORMATION:

- **Group Classification** - You must submit a separate ***Application for Group Classification*** to be classified in Group 2 or 4, or to be classified for a correctional officer "20/50" retirement benefit under G.L. c.32, section 28M or 28N. If you are requesting to pro-rate your creditable service, you must submit a separate classification form for each position you are seeking to classify. For more information, please refer to the State Retirement Board Group Classification Policy.
- **Your First Payment** - Monthly benefit payments can only be issued on the last business day of each month. First payments are generally received 60 to 90 days after your retirement date and are retroactive to your retirement date. After 45 days from your retirement date, you may contact the Board about whether an advance payment against your upcoming first benefit payment is feasible.
- **The Retirement Decision is FINAL** - You cannot make any changes to your retirement once your retirement date has passed. Choose your retirement option and date carefully. You can withdraw your application up to 5:00 p.m. on the date of your chosen retirement date (must be a business day, Monday - Friday).

MAIL COMPLETED APPLICATION TO EITHER OF OUR OFFICES:

Massachusetts State Retirement Board
One Winter Street, 8th Floor
Boston, MA 02108

Massachusetts State Retirement Board
436 Dwight Street, Room 109A
Springfield, MA 01103

Questions? Contact us at 617-367-7770 or 1-800-392-6014 (within MA)

APPLICATION PROCESS CHECKLIST

When filing to retire, please include the following documents:

- Fully completed application** (pages 5-6)
- Completed Option Selection Form** (pages 7-8)
- W-4P Federal Tax Withholding Form** (page 9) indicating withholding amount for federal income purposes
- Authorization for Direct Deposit of Retirement Benefit** (page 11)
Direct Deposit is mandatory for all retirees.
- Proof of Birth Required** a copy of your birth certificate or passport is acceptable
- Copy of Veterans' Discharge Papers** (DD-214), if applicable
- If you are selecting Option C, please include a **copy of your beneficiary's birth certificate, and a copy of the marriage license** if the beneficiary is your spouse. If the beneficiary is a former spouse, the spouse must be unmarried as of the date of retirement.
- Signature is required on each of the following pages:** Page 5 (Retirement Application), Page 7 (Option Selection Form), Page 9 (W-4P Form), Page 11 (Direct Deposit Form), and Page 12 (Authorization for Filing Electronically). Applications with missing signatures cannot be processed. A **witness signature is required** on Page 7 (Option Selection Form) in addition to your signature. Look for the "X" throughout the application package.

Please read the instructions on pages 3 & 4.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

A Note About Vesting & Eligibility:

Being vested means you are eligible to receive a retirement allowance. You are vested in the State system if you have at least ten years of full-time service. To be eligible to retire, you need to meet one of the following conditions:

- You entered state service **prior to April 2, 2012** and you have 20 years of full-time creditable service at any age, or
- You entered state service **prior to April 2, 2012** and you attain the age of 55 with ten years of creditable service, or
- You entered state service **on or after April 2, 2012** and you attain the age of 60 if retiring from Group 1, with ten years of creditable service.

If you leave state service after you are vested, you may leave your retirement contributions in the system and receive a state pension once you meet the minimum age requirement.

The Retirement Application, pages 5-6:

Make sure you complete all sections of the application. Signature is required at the bottom of page 5.

- **Section 1** - Don't forget to write down your requested retirement date! **Section 2** - Let us know how to contact you. Please provide a personal email address that you will have access to after your retirement.
- **Section 3** - Leave blank if you are not married.
- **Section 4** - **Don't forget to sign.** Applications missing all required signatures will not be processed.
- **Section 5** - List all the jobs you have had for a city, town, county, or state **in Massachusetts.**
- **Section 6** - Answer questions a-e by checking appropriate boxes.

The Retirement Option Selection Form, pages 7-8:

Please choose only one option. If this form is not submitted, the Board will automatically retire you under Option B.

- **Section 1 - Option Selection.** Check only one box: A, B, or C. If you choose Option C, complete the beneficiary information in the space provided on page 7. You can only choose one option C beneficiary and that person can only be your spouse, an unmarried former spouse, a child, a sister or brother, or one of your parents. You cannot change your option C beneficiary after retirement.
- **Section 2 - Member Signature.** The Option Selection Form will not be processed without your signature. Enter your option selection and sign in the space provided.
- **Section 3 - Witness Signature.** The Option Selection Form will not be processed without a witness signature. If you are married, your witness must be your spouse. If you are not married, your witness cannot be someone listed on your form as a beneficiary.
- **Section 4 - Option B Beneficiary Information.** This space on page 8 is provided for members who select Option B. *Skip this section if you have selected Option A or Option C.*

The W-4P Tax Form, page 9:

If this form is not completed and submitted, the federal income tax withholding will be calculated as if you are married with three exemptions. **Your signature is required on the W-4P Tax Form.**

The Direct Deposit Form, page 11:

Direct deposit is required. Please provide us with your bank information. Failure to provide us with this information will delay the processing of your application. **Make sure you sign the Direct Deposit form.**

Authorization for Filing Information Electronically, page 12:

This form is used to authorize retirees of the Massachusetts State Employees' Retirement System (MSERS) to submit or change account information electronically (by email; facsimile). **Make sure you sign the Authorization for Filing Information Electronically form.**

IMPORTANT NOTICE REGARDING TERMINATION RETIREMENT APPLICATIONS:

A termination retirement allowance, under section 10(2)(a) of chapter 32 of the General Laws of Massachusetts, is only available to a member of the State Employees' Retirement System whose membership began before April 2, 2012 with twenty or more years of eligible service, whose office or position is abolished, or who is removed or discharged from his or her office or position without moral turpitude.

Under section 10(2)(a) of chapter 32, any member who is removed or discharged for violation of laws, rules, or regulations applicable to his or her office or position, or any member whose removal or discharge was brought about by collusion or conspiracy, is not entitled to a section 10(2) termination allowance.

Section 10(2)(a) requires that the employer of any employee applying for a termination retirement allowance certify in writing, under the pains and penalties of perjury, that one of the following circumstances applies: (1) that the employee has failed of reappointment, (2) that the employee's office or position has been abolished, or (3) that the employee has been removed or discharged from his or her position without moral turpitude on his or her part. Retirement Board decisions on requests for termination retirement allowances are subject to review by the Public Employee Retirement Administration Commission ("PERAC").

Additionally, under section 9B of chapter 93 of the General Laws of Massachusetts, any member who files a fraudulent application for a section 10(2)(a) termination retirement allowance, for example, an application brought about by collusion or conspiracy, may be liable for a penalty of two thousand dollars, as well as double the amount of any section 10(2)a termination allowances received.

If you are applying for retirement under the provisions of M.G.L. chapter 32, section 10(2)(a), by reason of resignation, failure of re-appointment, removal, or discharge, please attach a **Termination Retirement Allowance Employer Certification Form** with this application.

IMPORTANT REMINDERS FOR RETIREES:

What to do when an MSERS retiree or Option C beneficiary passes away.

It's important to report the death of a retiree, or that of a beneficiary selected under Option C, as soon as possible to the Massachusetts State Retirement Board (MSRB). Please furnish us with the following required information:

- Copy of the decedent's Death Certificate
- The full name of the Benefit Recipient or Active Member
- Social Security Number or MSRB ID Number (if known)
- Date of Death
- A Contact's Name, Mailing Address and Phone Number
- Any questions or comments

Submit the copy of the Death Certificate and required information to the MSRB:

1. Mail it to our office: MA State Retirement Board, One Winter Street, 8th Floor, Boston, MA 02108, or
2. You may also call the MSRB to report a death: (617) 367-7770. When you call, please be prepared to provide the information listed above.

Upon receipt of the Death Certificate and all relevant information, the instructions that the decedent made when they chose a retirement option will be carried out.

Please note: if you have a health, dental or life insurance question, you must contact the Group Insurance Commission (GIC) as they administer those benefits. Their number is (617) 727-2310 ext. 2.

Cost of Living Adjustments (COLA)

You may be eligible for a COLA beginning on July 1st of the second fiscal year following the year in which your retirement benefit first took effect, and each year after that, if a COLA is approved annually by the Legislature. For example, if you retired March 31, 2022, you would be first eligible for a COLA on July 1, 2023; if you retired November 1, 2022, you would first be eligible for a COLA on July 1, 2024.



1. MEMBER INFORMATION (required)

I respectfully request superannuation under the provisions of Section 1 to 28 inclusive of Massachusetts General Laws Chapter 32.

Name: _____ SS#: _____

I wish to retire on: (MM/DD/YYYY) _____ with _____ years and _____ months of service

All Former Names: _____

Date of Birth: (Proof of Birth Required) _____ Are You a Veteran? No Yes (include copy of DD-214)

Marital Status: Single Married Divorced Widowed Gender: M F

If divorced, are you a party to a Domestic Relations Order? No¹ Yes² Don't Know

¹ If No, please include a copy of your Divorce Absolute & Separation Agreement; ² If Yes, please include a copy of your Domestic Relations Order.

Current or Last Place of State Employment: _____

Position/Title: _____

Retirement Group* (If Known): 1 2 3 (State Police only) 4

*Note: You must submit a separate Application for Group Classification for each Group 2, or Group 4 classification request.

2. CONTACT INFORMATION (required)

Personal Email Address: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Address after Retirement (If Different): _____

City: _____ State: _____ Zip: _____ Effective Date: _____

3. SPOUSE INFORMATION (If Applicable)

Spouse's Name: _____

Spouse's Address (If Different): _____

City: _____ State: _____ Zip: _____

Is Spouse a Retiree of a Massachusetts State, City, Town or County Government? No Yes

4. MEMBER SIGNATURE (required - application will NOT be processed without signature)

- All statements on this application are true statements made under the penalties of perjury.
- I understand that **no changes can be made to my retirement** or to my option selection after my retirement date.
- I understand that there are three (3) retirement OPTIONS - A, B, or C - and that if I do not choose an option by completing the Option Selection Form on page 7, I will be automatically retired under OPTION B.

Sign Here: **X**

_____ Member Signature

_____ Date

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Member Name: _____

SS#: _____

5. LIST ALL SERVICE WITH STATE, CITY OR COUNTY GOVERNMENT (required*)

Department or Subdivision:	Start Date:	Date Service Ended:

**use additional sheet if necessary*

6. MEMBER QUESTIONNAIRE (required)

a. Are you applying for a termination retirement under Section 10(2)(a) of Chapter 32? No Yes
*If YES, please attach a Termination Retirement Allowance Employer Certification Form with this application.
 See additional information on termination retirement in the instructions on page 4.*

b. Have you ever been convicted of an offense involving the funds or property of your place of employment? No Yes

c. Have you ever been convicted of an offense involving your position while in state service? No Yes

If yes to either of the above, please describe the offense(s): _____

d. Have you ever taken a refund? No Yes **If YES, do you wish to buy back time?** No Yes

Have you completed a buyback? No Yes

Do you have a buyback in progress? No Yes

e. Have you ever been on an industrial accident leave? No Yes **If yes, what years?**



MEMBER NAME: _____

SSN: _____

1. CHOOSE ONE OPTION (required) Read the OPTION PROVISIONS on the following page and then **CHECK BOX A, B, OR C.**

A Option A - NO SURVIVOR RETIREMENT BENEFITS

I request my pension be paid in accordance with Option A as provided in Section 12, subsection 2 of Chapter 32. If choosing A, **please complete sections 2 and 3 on this page. Do not complete section 4.**

B Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH

I request my pension be paid in accordance with Option B as provided in Section 12, subsection 2 of Chapter 32. If choosing B, **please complete sections 2, 3, and 4 (beneficiary information on following page).**

C Option C - JOINT SURVIVOR ALLOWANCE

I request my pension be paid in accordance with Option C as provided in Section 12, subsection 2 of Chapter 32. If choosing C, **please complete beneficiary information below and sections 2 and 3. Do not complete section 4.**

OPTION C BENEFICIARY INFORMATION (required only if choosing option C):

Please do not complete this section if selecting Option B. **A copy of the beneficiary's birth certificate and if spouse, a copy of your marriage license** is required if Option C is selected and must be included with this application.

Option C Beneficiary: _____ (Please print) SSN: _____

Gender: M F Date of Birth: _____ Relationship to Member: _____

Address/City/State/Zip: _____

2. MEMBER SIGNATURE (required)

I have read and understand the provisions of Option _____ selected above.
(enter option selection: A, B, or C)

Member Signature: **X** _____ Date: _____

3. WITNESS SIGNATURE (required)

If married, the witness must be your spouse. Witness CANNOT be a beneficiary unless the witness is your spouse.

Witness Signature: **X** _____ Date: _____

Print Name: _____

Address: _____

Please complete section 4 on following page only if selecting Option B.

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▶ Complete this section ONLY if selecting Option B:

4. BENEFICIARY(IES) INFORMATION (required if Option B is selected, PLEASE PRINT)

i.	Name:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>OR</u> <input type="checkbox"/> Contingent	Proportion:* (Must check 1 box) <input type="checkbox"/> All, <u>OR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
ii.	Name:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>OR</u> <input type="checkbox"/> Contingent	Proportion:* (Must check 1 box) <input type="checkbox"/> All, <u>OR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
iii.	Name:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>OR</u> <input type="checkbox"/> Contingent	Proportion:* (Must check 1 box) <input type="checkbox"/> All, <u>OR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
iv.	Name:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>OR</u> <input type="checkbox"/> Contingent	Proportion:* (Must check 1 box) <input type="checkbox"/> All, <u>OR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
v.	Name:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>OR</u> <input type="checkbox"/> Contingent	Proportion:* (Must check 1 box) <input type="checkbox"/> All, <u>OR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:

*** The totals of all proportions for your primary and contingent beneficiary(ies) must equal 100% each.**

OPTION PROVISIONS

Option A - THERE ARE NO SURVIVOR RETIREMENT BENEFITS

As provided in Section 12, subsection 2 of Chapter 32, by selecting this option, upon my death, I relinquish all claims to the total contributions and the total interest that have been credited to my account. I understand my estate will receive only a prorated amount of my monthly allowance for the number of days I live in the month of my death. **There are no survivor benefits.**

Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH

As provided in Section 12, subsection 2 of Chapter 32, by selecting this option, I will receive a reduced monthly retirement allowance for life. I also understand that upon my death, if there is a remaining balance in my account - deposits and interest - it will be refunded to my beneficiary(ies) or estate in a lump sum. A prorated amount of my monthly allowance for the number of days I live in the month of my death will go to my estate, unless otherwise determined by the Board. I understand that the annuity portion of my allowance is reduced each month. **If my annuity savings account is depleted at the time of my death, I understand that there will be no survivor benefits.**

Option C - JOINT SURVIVOR ALLOWANCE

As provided in Section 12, subsection 2 of Chapter 32, **by selecting this option, I will receive a reduced retirement allowance for life.** I also understand that my named beneficiary will receive two-thirds of my retirement allowance upon my death for his or her lifetime, and I understand should the named beneficiary pre-decease me, my allowance will revert to Option A. An eligible beneficiary may be a spouse, unmarried former spouse (at date of retirement), child, father, mother, brother, or sister. A prorated amount of my monthly allowance for the number of days I live in the month of my death will go to my estate, unless otherwise determined by the Board.



If a W-4P federal income tax withholding statement is not filed, federal income tax withholding will be calculated as if you are married with three (3) exemptions.

MEMBER INFORMATION (required)

Print Name

Social Security Number

Address/City/Town/State/Zip

PLEASE CHECK EITHER BOX 1, 2, OR 3 AND COMPLETE CORRESPONDING INFORMATION: (required)

1

I do not wish to have federal tax withheld from my benefit. I realize that I am liable for payment of federal income tax on the taxable portion of my pension and that I may be subject to pay penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.

2

The following exemptions are being claimed and I wish to have the Plan Administrator determine the amount, if any, of federal income tax to be withheld in accordance with the tax tables and exemptions claimed below.

A) **Marital Status:** (Please choose only ONE Marital Status option.)

Single, OR

Married, OR

Married, but withhold at higher single rate _____

B) **Total exemption you wish to claim:** _____

C) **In addition to the above amount withhold an additional \$ _____ per month.**

3

I wish to have a flat rate of \$ _____ per month withheld.

SIGNATURE: (required)

X

Member Signature

Date

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The MSRB requires this authorization for retirees of the Massachusetts State Employees' Retirement System (MSERS) who wish to submit or change account information electronically (by email; facsimile).

MEMBER INFORMATION (required)

Legal Name:		
Mailing Address:		
City:	State:	Zip:
Phone:	Personal Email:	
SS# or MSRB ID#		

PLEASE CHECK THE BOX(ES) NEXT TO THE INFORMATION YOU WILL FILE ELECTRONICALLY (required)

- Change of Address
- Change of Direct Deposit Account
- Retiree / Survivor Tax Withholding: Form W-4P
- Change of Beneficiary Designation (*Option B only*)

PLEASE SIGN BELOW (required)

I am authorized to sign the document as a member of the MSERS or on behalf of the member. Under penalties of perjury, I declare that I have examined this document including any accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Name

Date

X _____
Signature*

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

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