

Retirement Application

For superannuation (regular or RetirementPlus) and involuntary termination retirement benefits for members with effective membership dates before April 2, 2012

- 1) **REVIEW and COMPLETE** this entire **TWO-PART** application.
Note that **YOU** have to complete Part 1 as well as Part 2, Section 1, and **YOUR PAYROLL OFFICER** has to complete Part 2, Sections 2 through 7.
- 2) **INVEST** some time in understanding your retirement benefit options, as described in the information and worksheet included on pages iii and iv, as well as reviewing the information you provide in your application for accuracy and completeness. **This is your application for retirement; it is a very important document.**
- 3) **SIGN** your application as required. Not signing in **ALL** places is a common error and causes delays—please check your application carefully!
Remember to **sign** your application in **FIVE** places—on pages 3, 6, 7, 8 and 9. If applicable, your spouse and a witness must also sign page 9, **AFTER you have signed page 8.**
- 4) **ATTACH** all of your required documents.
Use the checkboxes in the left margins to mark your required documents and remind yourself to attach them. For your convenience, a timeline and document checklist is provided on the next page; use it to avoid delays in processing your application.
⚠ IMPORTANT: Make a photocopy of all pages and attachments for your records.
- 5) **FILE** your application in a timely manner: three to four months before your date of retirement, and **no earlier** than four months in advance.

⚠ If the MTRS receives your application more than 60 days after your date of separation from service, your retirement date—and your benefits—will NOT be retroactive to your resignation date. In this case, the earliest effective date of retirement you may use will be 15 days *after* the date we receive your signed application. For example, if you decide during summer vacation that you want to retire instead of returning to the classroom in the fall, the MTRS must **receive** your completed application on or before **August 29** to use June 30 as your retirement date and have your benefits be retroactive to June 30. If the MTRS receives your application on August 30, your earliest retirement date would be September 14, and you would lose two and a half months' worth of retirement benefits (from July 1 through September 14).

⚠ If you are retiring on your birthday, use that exact day as your date of retirement, not the day after.

⚠ Remember, all service purchases must be paid for BEFORE your date of retirement. Late payments will DELAY your date of retirement—and because retirement benefits are retroactive only to your date of retirement, late payments will cause you to lose money!

- 6) **SEND** the **ORIGINAL** pages of both Parts 1 and 2, along with all of your required documents, in the same envelope, to the attention of our Retirement Application Processing Unit.

If your school district is in...	Send to our...
Middlesex, Essex, Norfolk, Bristol, Plymouth, Barnstable, Dukes, Nantucket or Suffolk (charter schools only) county	Main Office Charlestown
Berkshire, Franklin, Hampshire, Hampden or Worcester county	Western Regional Office Springfield

We will not begin processing your benefit calculation until we receive your signed and complete retirement application. If your application is incomplete, we will contact you and this may delay processing. If you have any questions about the retirement process or any of this material, please don't hesitate to contact us. We look forward to serving you in your retirement!

MAIN OFFICE

500 Rutherford Avenue Suite 210
Charlestown, MA 02129-1628
Phone 617-679-MTRS (6877)
Fax 617-679-1661

WESTERN REGIONAL OFFICE

One Monarch Place, Suite 510
Springfield, MA 01144-4028

Phone 413-784-1711
Fax 413-784-1707

ONLINE

mass.gov/mtrs

MTRS

MASSACHUSETTS TEACHERS' RETIREMENT SYSTEM

Your retirement process timeline and checklist

To fill in the dates, start with “Your date of retirement” and work backward

! IMPORTANT REMINDERS REGARDING CREDITABLE SERVICE

ALL service purchases must be applied for while you are a member in service, and paid for in full BEFORE your effective date of retirement. **LATE PAYMENTS WILL DELAY YOUR DATE OF RETIREMENT**—and because retirement benefits are retroactive only to your date of retirement, **late payments will cause you to lose money!**

As you will see on the application, you are asked to list all of your creditable service and provide your “best estimate” of your total number of years. However, it is NOT necessary for you to request a “creditable service estimate” from the MTRS in order to complete your application. When we process your application, we will determine your exact amount of creditable service and notify you of the total before your benefit is finalized.

If you have any questions about purchasing service, please contact our office.

When (in relation to your date of retirement)	Action	Your dates
At least a year before	<input type="checkbox"/> GO to our website at mass.gov/mtrs , and select Members > Creditable service. Review all of the types of service listed and apply to purchase any that apply to you and for which you have not yet established credit.	<input type="text" value="/"/> / <input type="text" value="/"/>
One year before	<input type="checkbox"/> CONTACT your local health insurance coordinator to confirm the health insurance coverage for which you will qualify as a retiree. If you cover a spouse or other dependent, be sure to ask about dependent coverage while you are retired <i>and</i> in the event of your death.	<input type="text" value="/"/> / <input type="text" value="/"/>
6 months before	<input type="checkbox"/> GO to our website at mass.gov/mtrs , Members > select Apply for retirement. Follow the steps to estimate your benefits, review FAQ and download and print your retirement application.	<input type="text" value="/"/> / <input type="text" value="/"/>
	<input type="checkbox"/> If you have any pending creditable service purchases, request invoices from us and be sure to tell us that you are retiring.	<input type="text" value="/"/> / <input type="text" value="/"/>
5 months before	<input type="checkbox"/> Complete Part 1 of the application and forward Part 2 to your payroll officer for completion.	<input type="text" value="/"/> / <input type="text" value="/"/>
	<input type="checkbox"/> Gather your required documents. ! NOTE: If you do not submit the required documents with your application, your application will not be processed.	
	<input type="checkbox"/> Photocopy of your marriage certificate (<i>if you no longer use your former or maiden name or if you are selecting Option C and naming your spouse as beneficiary</i>) <input type="checkbox"/> Your certified birth record* (<i>photocopy not accepted</i>) <input type="checkbox"/> Photocopy of your military discharge form DD214 (<i>if you are a veteran</i>) <input type="checkbox"/> Photocopy of your notice of resignation (<i>if you are filing for an involuntary termination retirement allowance OR are retiring on a day other than the last day in your contract year</i>) <input type="checkbox"/> Photocopies of your contracts/salary schedules for your 3-year salary average period, including any pages referencing contractual language to substantiate any earnings in excess of your regular contract rates <input type="checkbox"/> A VOIDed check (<i>if your designated account for direct deposit is a checking account</i>) or your bank’s signed, official savings account verification document (<i>if your designated account for direct deposit is a savings account</i>) <input type="checkbox"/> Photocopy of your qualified Domestic Relations Order (<i>if you are divorced and have such an order in effect; please include your ex-spouse’s current address</i>) <input type="checkbox"/> Your beneficiary’s certified birth record* (<i>if you are selecting Option C; photocopy not accepted</i>)	
	* Your original documents will be returned to you.	
4 months before	<input type="checkbox"/> Receive signed Part 2 from your payroll officer.	<input type="text" value="/"/> / <input type="text" value="/"/>
	<input type="checkbox"/> Make a copy of Part 1, Part 2 and ALL attachments.	<input type="text" value="/"/> / <input type="text" value="/"/>
	<input type="checkbox"/> Submit your application and ALL attachments to MTRS. <i>After we have reviewed your application for completeness, we will notify you in writing if it is complete or if additional information is needed.</i>	<input type="text" value="/"/> / <input type="text" value="/"/>
	<input type="checkbox"/> Make payment for any pending creditable service purchases.	<input type="text" value="/"/> / <input type="text" value="/"/>
	<input type="checkbox"/> Remind your local health insurance coordinator that you are retiring, and complete any necessary insurance paperwork.	<input type="text" value="/"/> / <input type="text" value="/"/>
Your date of retirement		<input type="text" value="/"/> / <input type="text" value="/"/>
3–4 months after you file your complete retirement application	<input type="checkbox"/> Receive your <i>Notice of Estimated Retirement Benefit</i> (NERB), which will show your estimated retirement benefit.	<input type="text" value="/"/> / <input type="text" value="/"/>
EITHER first full month after you receive your NERB OR first full month after your date of retirement, whichever is later	<input type="checkbox"/> Receive your first retirement benefit payment. [Note: Your first payment will include benefits retroactive] to your date of retirement]	<input type="text" value="/"/> / <input type="text" value="/"/>

For members with effective membership dates before April 2, 2012

OVERVIEW OF OPTIONS A, B AND C

The Massachusetts Retirement Law (M.G.L. c. 32) regulates your retirement allowance and allows you to choose one of three benefit options. These options differ with regard to the amount paid and whether any benefits will be paid to someone else after your death. In brief:

Option	Monthly benefit amount	Survivor benefit
A	Maximum allowance	None; all allowance payments cease upon your death and no benefits will be provided for any survivors
B	Approximately 1–3% less than Option A amount	One-time, lump-sum payment of balance, if any, remaining in member's annuity savings account. <i>[Note: There are no restrictions on who or how many individuals or entities may be named as beneficiary. In most cases, the annuity account will be depleted 9 to 11 years after his or her retirement date.]</i>
C	Approximately 9–11% less than Option A amount	A monthly survivor benefit, equal to 2/3 of the retiree's monthly benefit at the time of death, paid to one beneficiary. <i>[Note: Beneficiary must be the member's parent, child, sibling, spouse or unmarried former spouse.]</i>

THE TABLES

For use with the retirement benefit estimate worksheet on page iv

NOTE: The information on pages iii and iv is provided for your reference only. If you have already estimated your potential retirement benefits under Options A, B and C using our online estimator, it is not necessary that you complete this worksheet.

Option A age factor table Use your age on your retirement date

Age	Factor	Age	Factor	Age	Factor	Age	Factor
41	.001	47	.007	53	.013	59	.019
42	.002	48	.008	54	.014	60	.020
43	.003	49	.009	55	.015	61	.021
44	.004	50	.010	56	.016	62	.022
45	.005	51	.011	57	.017	63	.023
46	.006	52	.012	58	.018	64	.024
						65+	.025

RetirementPlus percentage table Service is in FULL years

Service	R+ %	Service	R+ %	Service	R+ %
30	.12%	34	.20%	38	.28%
31	.14%	35	.22%	39	.30%
32	.16%	36	.24%	40	.32%
33	.18%	37	.26%		

Option C factor table

To obtain your Option C factor, determine what your age will be on your birthday closer to your retirement date; then determine what your beneficiary's age will be on his or her birthday that is closer to your retirement date.

Your Option C factor is the number where the row and column for your ages intersect. If the combination of your ages is not listed here, please visit our website at mass.gov/mtrs or contact us for the appropriate factor.

Beneficiary's closer age

	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68
50	.9509	.9528	.9546	.9565	.9583	.9601	.9618	.9635	.9652	.9669	.9685	.9700	.9715	.9730	.9744	.9758	.9771	.9783	.9796
51	.9460	.9480	.9500	.9520	.9539	.9558	.9577	.9596	.9614	.9632	.9650	.9667	.9683	.9699	.9715	.9730	.9744	.9758	.9772
52	.9408	.9429	.9450	.9471	.9492	.9512	.9533	.9553	.9573	.9592	.9611	.9630	.9648	.9665	.9683	.9699	.9715	.9730	.9745
53	.9350	.9372	.9395	.9417	.9440	.9462	.9484	.9506	.9527	.9548	.9569	.9589	.9609	.9628	.9646	.9665	.9682	.9699	.9716
54	.9287	.9311	.9335	.9359	.9383	.9406	.9430	.9453	.9477	.9499	.9522	.9544	.9565	.9586	.9606	.9626	.9645	.9664	.9682
55	.9219	.9244	.9270	.9295	.9320	.9346	.9371	.9396	.9421	.9445	.9470	.9493	.9517	.9539	.9562	.9583	.9604	.9625	.9644
56	.9146	.9173	.9199	.9226	.9253	.9280	.9307	.9334	.9360	.9387	.9413	.9438	.9463	.9488	.9512	.9536	.9559	.9581	.9603
57	.9068	.9096	.9124	.9152	.9181	.9209	.9238	.9267	.9295	.9323	.9351	.9379	.9406	.9433	.9459	.9484	.9509	.9534	.9558
58	.8984	.9013	.9043	.9073	.9103	.9133	.9163	.9194	.9224	.9254	.9284	.9314	.9343	.9372	.9400	.9428	.9455	.9482	.9507
59	.8895	.8925	.8956	.8987	.9019	.9051	.9083	.9115	.9147	.9179	.9211	.9243	.9274	.9305	.9336	.9366	.9395	.9424	.9452
60	.8800	.8831	.8863	.8896	.8929	.8963	.8997	.9031	.9065	.9099	.9133	.9167	.9200	.9233	.9266	.9299	.9330	.9361	.9392
61	.8699	.8732	.8765	.8799	.8834	.8869	.8904	.8940	.8976	.9012	.9048	.9084	.9120	.9156	.9191	.9225	.9260	.9293	.9326
62	.8592	.8626	.8661	.8696	.8732	.8769	.8806	.8844	.8882	.8920	.8958	.8996	.9034	.9072	.9110	.9147	.9184	.9220	.9256
63	.8481	.8516	.8551	.8588	.8626	.8664	.8703	.8742	.8782	.8822	.8862	.8902	.8943	.8983	.9023	.9063	.9102	.9141	.9179
64	.8364	.8400	.8437	.8475	.8513	.8553	.8594	.8635	.8676	.8718	.8760	.8803	.8846	.8888	.8931	.8973	.9015	.9057	.9098
65	.8241	.8278	.8316	.8355	.8395	.8436	.8478	.8521	.8564	.8608	.8653	.8697	.8742	.8787	.8832	.8877	.8922	.8967	.9011
66	.8113	.8151	.8190	.8230	.8271	.8314	.8357	.8401	.8446	.8492	.8539	.8585	.8633	.8680	.8728	.8775	.8823	.8870	.8917
67	.7980	.8018	.8058	.8099	.8142	.8186	.8230	.8276	.8323	.8370	.8419	.8468	.8517	.8567	.8617	.8667	.8717	.8768	.8817
68	.7840	.7879	.7920	.7962	.8006	.8051	.8097	.8144	.8192	.8242	.8292	.8343	.8394	.8446	.8499	.8552	.8605	.8658	.8711
69	.7694	.7734	.7776	.7819	.7863	.7909	.7956	.8005	.8055	.8105	.8157	.8210	.8264	.8318	.8373	.8428	.8484	.8540	.8596
70	.7542	.7582	.7624	.7668	.7713	.7760	.7808	.7858	.7909	.7962	.8015	.8070	.8125	.8182	.8239	.8297	.8355	.8414	.8473

**RETIREMENT
 BENEFIT ESTIMATE
 WORKSHEET**

Use this worksheet to compare your benefits under Options A, B and C.

The example illustrates the calculations for a member with an effective membership date before April 2, 2012, who is a veteran, and who retires on June 30, 2018 under RetirementPlus at age 58 with 35 years of creditable service, an average salary of \$75,000 for his or her highest three consecutive years or last three years, whichever is greater, and a beneficiary who is age 57.

Also shown here is the member-survivor benefit payable only under Option C. This benefit is payable on a monthly basis to your beneficiary for the rest of his or her life. The monthly amount is 1/12 of the annual amount.

As a reminder, you are eligible to retire when you: have 20 years of creditable service (at any age); or, at age 55 if you have 10 years of creditable service. If you do not meet either of these requirements and you were a member of the MTRS prior to January 1, 1978, different eligibility requirements may apply to you. Please contact us for additional information.

		Example		You as of	You as of
				___/___/___	___/___/___
Option A	Option A Age Factor (see table)	.018			
	x Years of creditable service	x 35	x	x	
	Base % of salary average	63%			
	+ RetirementPlus %, if applicable**	22%			
	Allowable % of salary average**	80%			
	x 3-year salary average	x \$75,000	x	x	\$
	Option A annual allowance	\$60,000		\$	\$
	+ Veteran's benefit***	+ \$300	+	\$	+
	Final Opt. A annual allowance	\$60,300		\$	\$
Option B	Option A annual allowance	\$60,000		\$	\$
	x 99% (1% less than Option A)****	x 99%	x	99%	x
	Opt. B annual allowance	\$59,400		\$	\$
	+ Veteran's benefit***	+ \$300	+	\$	+
	Final Opt. B annual allowance	\$59,700		\$	\$
Option C	Option A annual allowance	\$60,000		\$	\$
	x Option C Factor (see table)	x 0.9194	x	x	
	Option C annual allowance	\$55,164		\$	\$
	+ Veteran's benefit***	+ \$300	+	\$	+
	Final Opt. C allowance	\$55,464		\$	\$
	x 2/3 (annual survivor portion)	x 2/3	x	2/3	x
	Member-survivor benefit	\$36,976		\$	\$

NOTES

* If you are participating in RetirementPlus, and you have 30 or more years of creditable service—at least 20 of which are membership service with the MTRS or the Boston Retirement System as a teacher—add 2% for each full year of creditable service over 24 years (see RetirementPlus Percentage table, page iii).

** Your "Allowable % of salary average" may not exceed 80 percent.

*** If you are a wartime veteran, \$15 for each year of teaching service (up to a maximum of \$300) is added.

**** As noted on page iii, the Option B allowance is approximately 1–3% less than the Option A amount. For purposes of illustration only, we have estimated the Option B amount at 1% less than the Option A amount.

Retirement Application, Part 1

For superannuation (regular or RetirementPlus) and involuntary termination retirement benefits for members with effective membership dates before April 2, 2012

PART 1, SECTION 1

RETIREMENT DATA

Please do NOT delete any pages, and, if you complete your form by hand, please print your responses legibly, in INK.

- a) Type of retirement (check one)
- Superannuation/Regular
- Superannuation/RetirementPlus
 Reminder: In order to qualify for the RetirementPlus enhanced benefit: you must have at least 30 years of creditable service, at least 20 of which are membership service with the MTRS or the Boston Retirement System as a teacher; and, you must have contributed at the RetirementPlus rate of 11% for at least five years, or have made accelerated payments to meet this contribution requirement.
- Involuntary termination
 Reminder: If you are applying for a termination retirement, please remember to complete and submit a Termination Retirement Statement and Release along with your completed application. This separate, one-page form is available on the Forms page on our website.

MTRS USE ONLY

- b) Your intended date of retirement . . mm/dd/yyyy
- Reminder: If you are retiring at the end of the school year in June, by law, you **must** use June 30 as your retirement date, even if your last day of actual in-school service is earlier in the month.
- c) Your last date of employment. . . mm/dd/yyyy
- Note: If you are retiring at the end of the school year in June, your last date of employment is June 30, even if your last day of actual in-school service is earlier in the month. If your last date of employment is **not** June 30, please enter the last date that you were, or will be, on the payroll of your current or last school district, **and** attach a photocopy of the letter verifying the school district's acceptance of your resignation and your resignation date.

PART 1, SECTION 2

APPLICANT DATA

- d) Have you also applied for a disability retirement? Yes No
- a) Social Security number. XXX-XX-XXXX
- b) MTRS member number, if known. Not known
- c) Name Last
 First MI
- All marriage certificate(s) and/or proof of name change(s) since birth record (photocopy OK)
- d) Former/maiden name(s), if applicable Not applicable
- e) Date of birth mm/dd/yyyy
- Birth certificate (must be certified; photocopy not accepted)
- f) Military veteran status (pursuant to M.G.L. c. 32) . Nonveteran Veteran
- Military discharge form DD214
- g) Mailing address Number and street
 City State ZIP
- h) Home phone number.
- i) Alternate phone number, if any Cell Work
- j) E-mail (personal-not school-e-mail recommended) . . .

PART 1, SECTION 2

APPLICANT DATA

Continued

NOTE: If you are currently employed by more than one school district on your date of retirement, please be sure to provide a copy of Part 2 to a payroll administrator in each district for completion.

k) By how many school districts are you currently employed? None (inactive) 1 2

Name of current school district(s)

Position title(s)

l) Are you now—or were you at any time on or after January 1, 2010—concurrently employed by more than one Massachusetts town, city, county, state or regional authority? No Yes (provide details, below)

Name of other MA public employer(s)

Position title(s)

Full-time OR % of full-time

 % %

m) If, on your date of retirement, you will be under age 55 and married to a retiree of a Massachusetts contributory retirement system, AND, on November 1, 2003, both you and your current spouse were members of a Massachusetts contributory retirement system, THEN you will be eligible to retire under a superannuation retirement allowance using the age factor for age 55.

Accordingly, on November 1, 2003, were you and your current spouse both members of a Massachusetts contributory retirement system? No Yes

If yes, on your intended date of retirement, will your spouse be retired from a Massachusetts contributory retirement system? No Yes

If yes, name of spouse's retirement system

Marriage certificate(s) (photocopy OK)

n) What is your expected marital status on your intended date of retirement? Single Single/divorced (see DRO, below)

NOTE: Regardless of your expected marital status on your intended date of retirement, you MUST complete Section 8, Spousal acknowledgment.
 Single/widowed Married (provide details, below)
 Married/formerly divorced (see DRO, below, and provide spouse details, below)

o) Spouse's name, if applicable First M. Last

p) Spouse's address, if different Number and street

City State ZIP

q) Have you ever been divorced? No Yes

Qualified Domestic Relations Order (photocopy OK; please include your ex-spouse's current address)

r) If yes, do you have a qualified Domestic Relations Order (DRO) in effect? No Yes If yes, and if it requires you to select a specific retirement option in accordance with the DRO, please be sure to follow the terms of the DRO in selecting your retirement option.

s) **Alternate address:** If you will be residing at an address other than the one listed at line g (for example, a summer or retirement address) during the next several months, please list it below.

Mailing address. Number and street

City State ZIP

Phone number

Dates at this address . . . mm/dd/yyyy From To

Additional sheet(s) describing offense

t) Have you ever been convicted of a criminal offense involving your Massachusetts public employment? No Yes Please attach additional sheet(s) to describe the offense.

PART 1, SECTION 3

FINAL AVERAGE SALARY PERIOD

a) Your retirement benefit is calculated according to a set formula that is comprised of three factors: your age, your years of creditable service, and the average of your highest consecutive three years' salaries, **OR your last three years' salaries, whichever is greater.** In the table below, please list the **contract year** and **contract type** for each of the following four years:

■ **Lines i, ii and iii:** EITHER the three consecutive years during which you earned your highest salaries **OR** your last three years, **whichever period during which your contract salary was greater;** and,

■ **Line iv:** the year right before that three-year period.

Additionally, **you must submit copies of your salary schedules from your collective bargaining agreement(s) for these four years.** Be sure to include any pages referencing contractual language to substantiate any earnings in addition to your regular contract rates. If you were covered by an individual contract during any of these four years, you must submit complete copies of those contracts.

Your final retirement benefit will be based on the salary figures provided by your employer in Part 2, subject to our review and verification.

- Salary schedule or individual contract
- Salary schedule or individual contract
- Salary schedule or individual contract
- Salary schedule or individual contract

	Contract year		Contract type <i>Check one for each year</i>	
	From mm/dd/yyyy	To mm/dd/yyyy	Collective Bargaining Agreement (teachers, others)	Individual contract (superintendents, principals, others)
i)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*
ii)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*
iii)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*
iv)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*

*** If you were covered by an individual contract...**

■ What was the earliest date that your employer had knowledge—formally or informally—of your intent to resign and/or retire? . . . mm/yyyy

■ Were any of the individual contracts covering your employment for the last five years renegotiated (i.e., the original provisions were changed, and the changes applied retroactively and/or prospectively)? Yes No

NOTE: If you were employed under an individual contract at any time during the five years prior to your intended date of retirement, the MTRS will request that your employer provide complete copies of all internal documents (formal and informal), including any minutes of School Committee meetings (open and executive session), pertaining to your contracts, salaries and intent to resign and/or retire.

b) Has your school district settled its contract for the current year? Yes No

If no, please: **be advised** that changes to the current contract rate will impact your retirement allowance; **send** us a copy of the new contract as soon as it is settled, and be sure to include your name and Social Security number with the contract; and, **ask** your payroll officer to send us verification of your new contract rate.

APPLICANT'S STATEMENT: I understand that, in the calculation of my final salary average for the purposes of determining my retirement benefit, certain payments are not considered "regular compensation," and, therefore, cannot—and will not—be included. (Examples of payments that are not considered "regular compensation" include any monies received on account of your employer having knowledge of your retirement, or received in lieu of sick leave or unused vacation.)

Applicant's signature Date

PART 1, SECTION 4

CREDITABLE SERVICE HISTORY

Your retirement benefit is based in part on the number of years of creditable service you have, so it is **REQUIRED** that you complete this section **accurately and in full to the best of your ability**. If you have any questions, please refer to our website or call one of our offices.

a) Which of the following **types** of creditable service have you rendered?

- Regular Massachusetts public teaching service No Yes
- Out-of-state public school teaching service No Yes
- Overseas dependent school teaching service (in a school under the supervision of the United States Department of Defense) No Yes
- Nonpublic school teaching service (out-of-state or in Massachusetts) No Yes
- Massachusetts public school substitute, temporary or part-time teaching or tutoring service No Yes
- Other Massachusetts public service (with a Massachusetts town, city, county, state or regional authority) No Yes
- Vocational work experience for licensure/approval in a Massachusetts Ch. 74 vocational program No Yes
- Pre-1975 maternity leave credit No Yes
- Peace Corps service No Yes
- Authorized leave of absence or a sabbatical from a Massachusetts public school [see page 5] No Yes
- Active military service in the armed forces of the United States, Massachusetts National Guard or active reserves [see page 5]. No Yes

! ALL APPLICANTS **MUST** complete Lines a, b and c **IN FULL!**

b) Please list **ALL** of your creditable service in **chronological order by employer** (from earliest to most recent).

To ensure that we have a **complete** picture of your service history—and that you receive the maximum credit to which you are entitled for your eligible service—please include **ALL** of the types and periods of creditable service that you have rendered during your career, including your current employment, and, if any, service which you may have purchased (or be in the process of purchasing) with the MTRS. Please note that you cannot purchase creditable service after your date of retirement.

Name of employer	Position title	Grade (PreK–12), if applicable	From mm/dd/yyyy	To mm/dd/yyyy	Employment status (as a % of full-time, e.g., 50%, 100%)	Service credit status (check one)		
						Credited	I plan to purchase	I will not purchase
1					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you need more space to list your creditable service, please attach additional sheets, and check this box to indicate that additional sheets are attached.

c) Please enter your **best estimate** of your total number of years of creditable service—and then be sure that you have listed **ALL** of the service that you are including in your estimate, in Section b, above. years

PART 1, SECTION 4

CREDITABLE SERVICE HISTORY

Continued

d) If you checked "Authorized leave of absence or a sabbatical" in Line a on page 4, please provide the following information. Please note:

- If you had any **involuntary** leaves of absence (for example, as a result of being laid off and placed on a recall list), please do **not** list your involuntary leaves here, as they do not qualify as authorized leaves of absence toward the calculation of your creditable service.
- If you received **Workers' Compensation** during any of your leaves, please do **not** list that information here, but include it in line e, below.

Name of employer	Position title	From mm/dd/yyyy	To mm/dd/yyyy	Compensation received (check one)		
				No compensation	Partial compensation, and indicate % of full-time compensation paid	
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %

e) If you received any payments from Workers' Compensation while employed in a position covered by the Massachusetts Teachers' Retirement System, please list the periods below:

Period of Workers' Compensation		Type of incapacity		Payments received by you from school district, if any, during this period		
From (mm/dd/yyyy)	To (mm/dd/yyyy)	Check one		Amount	Your annual salary rate in effect	Payment category (e.g., sick leave)
		Partial	Full			
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

f) If you checked "Active military service" in Line a on page 4, please provide the following information.

Type of military service	From mm/dd/yyyy	To mm/dd/yyyy	Service credit status (check one)		
			Credited	I plan to purchase	I will not purchase
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 1, SECTION 5

YOUR FEDERAL TAX WITHHOLDING INSTRUCTIONS TO US

Substitute Form W-4P

Withholding certificate for pension or annuity payments

Please note:

- **Your MTRS retirement benefit is subject to federal income taxes, and, unless you notify us otherwise, we must begin withholding starting with your first payment.**
Please use this form to instruct us whether you want us to withhold any amount from your monthly MTRS benefit for federal income taxes, and, if so, how much. Note: If you are a Massachusetts resident, your benefit is not subject to **state** income taxes; if you move to another state, however, check with that state's Department of Revenue to find out if your MTRS benefit is taxable in that state.
- **You are liable for payment of federal income tax on the taxable portion of your pension.**
If you elect not to have federal income tax withheld from your monthly benefit or if you do not have a sufficient amount withheld, you may be responsible for payment of estimated taxes. Additionally, if your withholding amount, if any, and/or payments of estimated taxes are not sufficient, you may be subject to tax penalties under the IRS's estimated tax rules.
- **Your tax withholding instructions, if any, will remain in effect until you change them, and you may change your instructions at any time before or during your retirement.**
To change your withholding instructions, simply complete and submit a new Substitute Form W-4P, available on our website at www.mass.gov/mtrs, or call us and we will send you a form.
- **If you do not complete this form, the MTRS must withhold federal income taxes as if you are married and claiming three withholding allowances.**
If the taxable portion of your monthly benefit is more than the withholding level for a married person claiming three allowances, and you do not complete this form, we are required by federal law to withhold at the rate set for a married taxpayer with three allowances.
- **If you need help completing this form, please consult a tax expert or the IRS.**
For more information on tax withholding, and the complete IRS Form W-4P which includes a step-by-step worksheet, please visit the IRS website at www.irs.gov.

Please indicate your federal tax withholding instructions by completing only **ONE** of the three sections below

Do not withhold any amount

I do **NOT** want any federal income taxes withheld from my monthly benefit payment.

OR

Withhold taxes based on IRS tax tables

I want federal income taxes withheld from my monthly benefit based on the IRS tax tables and the marital status and number of exemptions claimed below.

I understand that the amount withheld will automatically change if and when the federal tax rates are adjusted.

a) Marital status (check one)

- Single
- Married
- Married, but withhold at higher "single" rate

b) Total number of exemptions claimed
if left blank, zero will be used

c) Additional Amount to be withheld, if any \$ /month

OR

Withhold a flat dollar amount only

I want federal income taxes withheld from my monthly benefit in the fixed, flat dollar amount of:

\$ /month

Signature



Date

PART 1, SECTION 6

DIRECT DEPOSIT AUTHORIZATION

- Your payment may only be deposited to a bank under the territorial jurisdiction of the United States.
- Your payment must be deposited to ONE account only, and YOUR name must be on the account.
- This section will be RETURNED as incomplete if you do not attach the required account documentation.

Section 6a
Your bank account information

Indicate account type
(check one)

Checking

ATTACH this required documentation

An original VOIDed check that is imprinted with your name, address, bank name and routing number, and account number. **Temporary or starter checks will not be accepted.** If you do not have checks personalized with your name and address, you must attach your bank's signed, official account verification document.



Savings

Your bank's signed, official account verification document indicating your name, address, bank name and routing number, and account number. **A deposit slip will not be accepted.**

Are you having your payments deposited to a U.S. bank and then forwarded to a bank in another country? (response required) Yes No
If yes, pursuant to federal law, the MTRS must notify the Massachusetts Comptroller's office.

Indicate account ownership *(check one)*

Individual

Joint: *ALL other account holders must complete and sign Section 6b below.*

Trust: *ATTACH a Certification of Trust that names you as a trustee or a beneficiary of the trust, and check this box.*

Section 6b
Joint account holder's information and certification, if applicable

If your payment is being deposited to a JOINT account, this section must be completed and signed by ALL other account holders. *If there is more than one other account holder, attach additional copies of this page.*
By signing below, and as a party to this account, I understand that I am personally liable, both individually and as a member of the group of parties to this account, to the Massachusetts Teachers' Retirement System (MTRS), which has the legal obligation to recover any overpayment, for the repayment of any monies deposited to this account to which the benefit recipient named in this application is not legally entitled. If I am entitled to any benefit from the MTRS as a beneficiary of the benefit recipient, the amount of my liability may be deducted from the amount payable to me. I agree that the financial institution shall have the right of offset for such a refund and I authorize the financial institution to provide the MTRS with my home address. I release the MTRS, the financial institution, and their respective employees, from any and all liability, costs, damages, or expenses arising from such disclosure and/or refund.

Joint account holder information

Signature X Date . .

Name (First M. Last) . . SSN . . XXX-XX-

Mailing address

E-mail Phone . .

Section 6c
Your certification

I certify that I am the benefit recipient named in this application. By signing this form:

- ▶ I authorize the electronic funds transfer of my monthly benefit allowance from the State Treasury to the financial institution and account identified herein; I also authorize the State Treasurer to make any adjustments (debit or credit) as a result of errors in transfer.
- ▶ If monies to which I am not entitled are deposited into my account (for example, after my death), I authorize the financial institution to immediately refund any overpayments to the MTRS. If the funds are not sufficient to fully refund overpayments, I authorize and direct the financial institution to provide the MTRS all information related to the account, including transactions since the first of the month in which the overpayment occurs, and the names and addresses of all joint account holders and any individuals authorized to withdraw funds from the designated account. I release the MTRS, the financial institution, and their respective employees, from any and all liability, costs, damages, or expenses arising from such disclosure and/or refund.

This direct deposit authorization shall remain in effect until revoked by me in writing to the MTRS or by the State Treasurer.

Your signature X Date . .

Important reminders

- Direct deposit (also known as Electronic Funds Transfer, or EFT) of your monthly retirement allowance is mandatory, pursuant to 807 CMR 18.00.
- Your benefit is deposited to your account once a month, on the last business day of the month for which you are being paid.
- Direct deposit statements are not mailed to you every month. Once your direct deposit starts, you will receive a mailed statement only: when there is a change in the amount of your deposit from the prior month; when we wish to use the message area in the statement to notify all retirees of special news; and, at the end of December, when we provide you with a year-end summary of your benefits for the calendar year.

PART 1, SECTION 7

YOUR RETIREMENT OPTION SELECTION, STATEMENT AND SIGNATURE

IMPORTANT NOTE

If you have ever been **divorced**, and you have a qualified Domestic Relations Order (DRO), and the terms of your DRO specify the retirement option that you must choose, please be sure to complete this section in accordance with your DRO.

Complete Option A month-of-death payment recipient designation (Section 9 on page 10 of this application)

Complete Option B beneficiary designation (Section 10 on page 10 of this application)

Option C beneficiary's birth certificate (**must be submitted, and must be certified; photocopy not accepted**)

Marriage certificate(s) (photocopy OK)

Please select your retirement Option and provide the required information. Note:

- Be sure that you have reviewed the information on our website or on page iii of this application regarding the benefits provided by each of the three available retirement options. **Please estimate your benefits using either our online estimator or the worksheet included on page iv of this application before you finalize your option selection.**
- Once your effective date of retirement has passed, you cannot change your retirement option, nor can you change your date of retirement. Because of this fact, it is important that you understand the retirement options that are available to you and that you make an informed decision based on your financial needs and the financial needs of your family.
- Please mark your option choice below. Your retirement application is not complete until the MTRS receives this completed section. If your application is completed within 60 days after your date of termination of service, your retirement can take effect on your termination date. If, however, it is received more than 60 days after your date of termination of service, your benefits will not be retroactive to that date; the earliest date they may begin is 15 days after we received your completed application.
- If you have any questions, please contact our office.

I, the undersigned, having applied for retirement from the Massachusetts Teachers' Retirement System, hereby elect to receive my retirement allowance under the option selected below (**check one**):

Option A

Option A provides the maximum benefit allowance amount, and no survivor benefits. All monthly payments cease upon your death and no benefits will be provided for any survivors. If, after your death, any benefits that you earned in the month of your death are due, they will be paid in a lump sum to the month-of-death payment recipient(s) that **you should designate by completing Section 9 on page 10 of this application.**

Option B

Option B provides a benefit allowance that is approximately 1–3% less than the Option A allowance. Upon the member's death, it also provides for the lump-sum payment of the remainder of the member's annuity savings account, if any, to the named beneficiary or beneficiaries; in most cases, the member's annuity account will be depleted 9 to 11 years after his or her date of retirement. You may change your beneficiary designation at any time during your retirement by completing and submitting a new, revised *Beneficiary Form—Retired Member/Option B* to the MTRS. **If you select Option B, you must designate your Option B beneficiary(ies) by completing Section 10 on page 10 of this application.**

Option C

Option C provides a benefit allowance that is generally 9–11% less than the Option A allowance. Upon the member's death, it also provides a monthly survivor benefit to one named beneficiary that is equal to 2/3 of the retiree's monthly benefit at the time of death. If you are selecting Option C, you **must** designate your Option C beneficiary here:

■ Name of Option C beneficiary. First M. Last.

■ Beneficiary's date of birth . . . mm/dd/yyyy.

SSN

■ Relationship to you Parent Sibling Child Spouse

Former spouse who has not remarried

You may **not** change your Option C beneficiary designation after your effective date of retirement. In the event that your Option C beneficiary predeceases you, contact the MTRS so that we may adjust your benefit to the higher, Option A "pop-up" amount.

I have selected the option checked above and understand that I cannot change my option selection after my effective date of retirement. Additionally, I understand that if I have not filed my application four months prior to my effective date of retirement, I may not receive my Notice of Estimated Retirement Benefit (NERB) until AFTER my date of retirement, and regardless of when I receive my NERB, I cannot change my option selection after my effective date of retirement.

Applicant's signature

Date

Name (please print)

PART 1, SECTION 8

SPOUSAL ACKNOWLEDGMENT

You **MUST** complete Line a, below, and then, if applicable, your spouse must complete Line b. If your spouse's whereabouts are unknown, you must complete a notarized affidavit (available upon request from the MTRS's main office), including your spouse's last known address.

a) I, the undersigned, having applied for retirement from the Massachusetts Teachers' Retirement System, have elected to receive my retirement allowance under the option selected in the previous section. I hereby certify that (check all that apply):

I am now married or expect to be married as of my intended date of retirement as stated in this application. Please sign and date this section, then give this form to your spouse for completion of section b.

I have been divorced and it is my understanding that there is is not don't know a Domestic Relations Order on file with the MTRS. Please sign and date this section, then return your entire application to the MTRS.

I am NOT currently married and do not expect to be married as of my intended date of retirement as stated in this application. Please sign and date this section, then return your entire application to the MTRS.



NOTE :

ALL applicants must sign and complete this section!

I subscribe under the penalties of perjury that the above information is true, complete and correct to the best of my knowledge.

Applicant's signature Date*
Name (please print)

b) As the spouse of a member who is retiring from the MTRS, you are entitled to both notification and explanation of the retirement option selected by the member. You must sign Line b before one witness; **the member named in Line a, above, cannot be your witness.** The witness must sign and date the form on the same day that you do; it is not necessary that your witness be a Notary Public. Before completing this section, please see which retirement option your spouse has chosen in the previous section, and then read the explanations of the available retirement options as provided under "Overview of options A, B and C," on page iii of this application and on our website at mass.gov/mtrs. **Please be sure that you have read and understand the various provisions of the option selected by your spouse, specifically, the benefits to which you may or may not be entitled to upon his or her death. If you have any questions, do not hesitate to contact the MTRS for an explanation.**

If you fail to sign this Spousal acknowledgment, the MTRS will notify you within fifteen (15) days by registered mail of the option selected by your spouse and your right to sign and return the spousal acknowledgment within thirty (30) days. Failure to sign and return the Spousal Acknowledgment to the Massachusetts Teachers' Retirement System within 30 days will result in your spouse's selection becoming effective without your signature.

I, the undersigned, am the spouse of the member named in Line a, above, who has applied for retirement from the Massachusetts Teachers' Retirement System. I hereby certify under the penalties of perjury that:

- I have read and understand the information on Options A, B and C, and
- I am aware of the option selected by the applicant and understand the provisions of that option.

Spouse's signature Date*
Name (please print)

WITNESS TO SPOUSE'S SIGNATURE (must be witnessed by someone **other** than the member)

I subscribe under the penalties of perjury that the member's spouse (the person named immediately above) personally appeared before me and signed this form in my presence.

Witness's signature Date*
Name (please print)
Address



* This section must be completed and signed **ON OR AFTER** the date that the member completed and signed Part 1, Section 7 (page 8).

If your spouse and/or witness sign this section **before** the date that the member signed Part 1, Section 7, we will return the application to the member to have this page completed and signed again.

PART 1, SECTION 9 You should complete this section if you have selected **Option A** only.

**OPTION A
MONTH-OF-DEATH
PAYMENT
RECIPIENT(S)**

Option A provides no survivor benefits. However, after your death, if any benefits that you earned in the month of your death have not been paid out, they will be paid in a lump sum to your month-of-death payment recipient(s). Please name the designee(s) to receive the lump-sum payment of any benefits that you earn in the month of your death below. *Please see the shaded box at bottom of this page for additional information.*

Type (check one) SSN or tax ID % of payment

<input type="checkbox"/>	Person	<input type="text"/>	Date of birth.	Name	<input type="text"/>	<input type="text"/>	%
		<input type="text"/>	Relationship to you.	Address	<input type="text"/>		

Trust or organization

<input type="checkbox"/>	Person	<input type="text"/>	Date of birth.	Name	<input type="text"/>	<input type="text"/>	%
		<input type="text"/>	Relationship to you.	Address	<input type="text"/>		

Trust or organization

Total sum of percentages listed for all PRIMARY Option A month-of-death payment recipients must equal 100%

PART 1, SECTION 10 You must complete this section if you have selected **Option B** only.

**OPTION B
BENEFICIARY
DESIGNATION**

Option B provides a benefit allowance that is approximately 1–3% less than the Option A allowance. Upon your death, it also provides for the lump-sum payment of the remainder of the member's annuity savings account, if any, to the named beneficiary(ies); in most cases, the member's annuity savings account will be depleted within 9 to 11 years after his or her retirement date. *Please see the shaded box at bottom of this page for additional information.*

Type (check one) SSN or tax ID % of benefit

<input type="checkbox"/>	Person	<input type="text"/>	Date of birth.	Name	<input type="text"/>	<input type="text"/>	%
		<input type="text"/>	Relationship to you.	Address	<input type="text"/>		

Trust or organization

<input type="checkbox"/>	Person	<input type="text"/>	Date of birth.	Name	<input type="text"/>	<input type="text"/>	%
		<input type="text"/>	Relationship to you.	Address	<input type="text"/>		

Trust or organization

Total sum of percentages listed for all PRIMARY Option B beneficiaries must equal 100%

Option A and B retirees ONLY: Additional information and optional contingent designee(s)

- You may change your designation at any time during your retirement; simply complete and submit a *Beneficiary Designation Form for Retirees*.
- You may name more than one person or entity. If you do name more than one **primary** designee, however, please be sure to indicate the percentage that each **primary** entity should receive (the total must equal 100%). If you fail to indicate a percentage, we will distribute the amount equally among the **primary** entities. If the total does not equal 100%, the difference will be paid to your estate.
- If you need more space to indicate additional entities, please make a photocopy of this page, complete the appropriate line(s), sign each additional sheet, and, in this box, indicate how many additional sheet(s) are attached.

OPTIONAL—CONTINGENT DESIGNEE(S): If you wish, you may also name contingent designee(s). In the event that the primary designee(s) named above are not alive at the time of your death, any benefit amount due will be paid to your contingent designee(s). If any of your primary designees predecease you, they are replaced by a contingent designee, in the order in which you name them, below (the remaining primary beneficiaries' shares do not increase if one of them predeceases you, nor is that share equally split among the multiple contingent beneficiaries). If there is no contingent beneficiary who is presently living, that share is paid to your estate.

Type (check one) SSN or tax ID

<input type="checkbox"/>	Person	<input type="text"/>	Date of birth.	Name	<input type="text"/>	<input type="text"/>
		<input type="text"/>	Relationship to you.	Address	<input type="text"/>	

Trust or organization



Retirement Application, Part 2

For superannuation (regular or RetirementPlus) and involuntary termination retirement benefits

PART 2, SECTION 1

SERVICE AND SALARY DATA

Instructions to member:
 Please provide your personal data and then forward these five pages to your payroll officer for completion of Sections 2 through 7.

Your payroll officer will then return these five pages to you for forwarding to the MTRS along with Part 1, pages 1 through 10.

NOTE: If you are employed by more than one school district on your intended date of retirement, please make additional copies of these five pages and have them completed by a payroll administrator in each of the districts in which you are employed.

a) Name of member Last
 First MI
 b) Social Security number. XXX-XX-XXXX
 c) MTRS member number
 d) Type of retirement (check one)
 Superannuation/Regular
 Superannuation/RetirementPlus
 Involuntary termination
 e) Intended date of retirement . . . mm/dd/yyyy
 f) Name of school district.

INSTRUCTIONS TO PAYROLL OFFICER: Please follow these steps:

- Complete Sections 2 through 7, below, and make a copy of these five pages for your records.
- If, at some later date, there is a change in the salaries reported in Section 5—either because of a retroactive contract settlement or error—please mark the corrections directly on a copy of this sheet, initial and date any changes and send the copy to the MTRS. If the changes resulted from a contract settlement, please forward a copy of the relevant contract language along with the corrected pages. Likewise, if the change in salaries reported in Section 5 results in a change in the current deductions listed in Section 4, please indicate, initial and date that change too.
- Return these five pages (Sections 1 through 7) to the member. It is then the member's responsibility to submit his or her entire Retirement Application to the MTRS three to four months prior to his or her effective date of retirement.

Your assistance in expediting the completion of these pages will be most appreciated!

PART 2, SECTION 2

SERVICE VERIFICATION

Please report this member's entire service history with your school department (in other words, not just for the last three years). Please indicate whether service was rendered on a full-time or part-time basis; if service was rendered on a part-time basis, please also indicate it as a percentage of full-time. If necessary, please attach additional sheets to report this service.

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Full-time	OR	Part-time, and indicate % of full-time
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>

During any period of service above, was the No member a kindergarten or prekindergarten teacher? Yes; from to

For the service reported above, please report any authorized leaves of absence when no compensation or partial compensation was received. NOTE: Please do not list here: any involuntary leaves of absence (e.g., as a result of the member being laid off and placed on a recall list) as they do not qualify as authorized leaves of absence; or, any periods during which Workers' Compensation was received (please list that information in Part 2, Section 6).

From (mm/dd/yyyy)	To (mm/dd/yyyy)	No compensation	OR	Partial compensation, and indicate % of full-compensation
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>

PART 2, SECTION 3

FIVE-YEAR SALARY HISTORY

Significance of salary history: The member's retirement benefit calculation is based, in part, on either the average of the member's highest three consecutive years' **full-time equivalent salaries**, or the average of his or her last three years' **full-time equivalent salaries**, whichever is **greater**, and irrespective of the member's FTE% during the corresponding period.

Accordingly, please indicate the **contract year** and **contract type** for each of the following **four**—or, if the contract type was "Individual contract," **five**—years:

- **Lines i, ii and iii:** the three consecutive years when this member's **full-time equivalent salary** was the highest;
- **Line iv:** the year right before that three-year period; and,
- **Line v, if this member had an individual contract:** the year before the year in Line iv.

	Contract year		Contract type <i>Check one</i>	
	From mm/dd/yyyy	To mm/dd/yyyy	Collective Bargaining Agreement (teachers, others)	Individual contract (superintendents, principals, others)
i)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7
ii)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7
iii)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7
iv)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7
v)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7

PART 2, SECTION 4

CURRENT DEDUCTIONS, LAST CHECK DATE, AND CONTRACT STATUS

a) Please report this member's current monthly earnings and actual and/or projected future deductions for the **EIGHT months prior to the applicant's date of separation from service with your district**. Additionally, in the last column, please indicate the month of the member's final payroll deduction.

Month (mm/yyyy)	Eligible earnings total	Regular deduction amount (for 5, 7, 8, 9 or 11% deduction)	Additional 2% deduction amount (if applicable)	Total monthly deduction amount	Final deduction (check only one box)
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>

Note to payroll official: For the member's deductions, please report the applicant's: **regular** deduction amount; if applicable, their **additional 2%** deduction amount; and, their **total** deduction amount.

If your district's deduction report for a particular month has already been submitted and finalized in MyTRS, you can find the applicant's regular and, if applicable, additional 2% deduction amounts in MyTRS at: Home » Employer Management » Deduction Reports and Payments.

b) Please enter the date of the member's final paycheck mm/dd/yyyy
 [Note to payroll official: To avoid receiving an error message in MyTRS when submitting your payroll deduction report for the month of this member's retirement, please enter this member's "termination event" in MyTRS now, while you have the information at hand.]

c) Has your school district settled its contract for the current year? Yes No
 If no, **as soon as it is settled, please send us:** 1) an electronic copy of the new contract; 2) a list of all of your teachers who retired before the settlement and who will need an adjustment; and, 3) for all affected retirees, *either* revised Part 2 forms, *or* one spreadsheet with the updated figures for all affected retirees.

PART 2, SECTION 5

SALARY VERIFICATION

Please provide this member's salary data as requested below. Please note:

- Please report the member's service and earnings data for the **four**—or, if the member was covered by an individual contract, **five**—years that you listed in Part 2, Section 3, on the previous page.
- If the years in which the member's **full-time equivalent salary** was highest were for years the member was employed at less than full-time, please **still list the full-time equivalent salary** in Column D.
- If the member's last year of earnings was not a complete school year, please list that partial year and the four (or five) full school years prior to it. If there are two contract rates in effect during one school year, please do not average the amounts; instead, use two lines—one for each contract period—and complete columns B through G for each period.
- If column B does not equal column C, but the member worked the entire contract year, please attach additional sheet(s) to explain why (for example, because of disciplinary reasons).
- If column G does not equal columns D plus E, please attach additional sheet(s) to explain why (for example, because of a legal issue, Workers' Compensation payments, salary lost due to misconduct or any additional agreements).

A Period each salary rate was in effect during the three years of highest salaries <i>Use a separate line for each salary rate</i> From (mm/dd/yyyy) To (mm/dd/yyyy)	B Number of days paid during period	C Number of days in contract year	D Full-time equivalent salary for each period	E Additional eligible earnings for coaching, extracurricular activities or longevity	F Ineligible earnings paid for unused sick leave, unused vacation pay, retirement incentives, bonuses, severance payments or fringe benefits*	G Total eligible earnings <i>(Do not include amounts listed in column F)</i>
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$

* NOTE: By law, retirement deductions should not be withheld for any monies listed in column F. If any deductions were taken in error on any amounts included in column F, please explain below.

PART 2, SECTION 5

SALARY VERIFICATION

Please provide a breakdown, by school year, of all additional eligible earnings for coaching, extracurricular activities or longevity, or any other amounts listed in column E, above. If you need additional lines to report this compensation, please attach additional sheets.

Continued

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Identify type of earning (if extracurricular activity, indicate specific title)	Amount paid
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$

Were the additional earnings listed directly above paid under the terms of an annual contract? No Yes (please attach the applicable sections of the contract)

PART 2, SECTION 6

WORKERS' COMPENSATION

During the member's service with your district (as listed in Section 2), did he or she receive any payments from Workers' Compensation? No Yes

If "yes," please report the following and please attach any relevant documents . . . Yes, documents are attached

Period of Workers' Compensation		Type of incapacity		Payments from school district to member, if any, during this period		
From (mm/dd/yyyy)	To (mm/dd/yyyy)	Check one		Amount	Member's annual salary rate in effect	Payment category (e.g., sick leave)
		Partial/Sec35	Full/Sec34			
/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	

- PART 2, SECTION 7

STATEMENT AND SIGNATURE OF SCHOOL DEPARTMENT OFFICIAL(S)

Required for ALL applicants: SIGNATURE OF SCHOOL DEPARTMENT OFFICIAL

- a) To your knowledge, has the applicant ever been convicted of a criminal offense related to the member's office or position? Yes No
If yes, please attach additional sheet(s) to describe the offense Don't know
- b) Is the member's separation from service related in any way to a criminal action? Yes No

I hereby certify, UNDER THE PENALTIES OF PERJURY, that:

- the salary reported herein at page 3, column G, *Total eligible earnings*, does **not** include any amounts paid to the member based on the school district's formal or informal knowledge of the member's intent to retire; for unused sick leave; in lieu of or for unused vacation pay; retirement incentives, bonus or severance payments or fringe benefits; and,
- the above information is true, complete and correct.

I have made a copy of these pages (Part 2, Sections 1-7) for future reference and clarification, if needed.

X		/	/
Name (please print)		Date	
Title		Phone	
E-mail		Fax	

IMPORTANT NOTES

ALL signatures must be original, in-person by-hand signatures—**not** stamps.

*If the applicant was employed under the terms of an individual contract, this statement **MUST** also be signed by the superintendent of the school district.*

*If the applicant is the superintendent, then this statement **MUST** instead be signed by the chairperson of the school committee.*

Please return these five pages, along with copies of all applicable contracts and documents, to the applicant, for submittal to the MTRS. Thank you for your assistance to us and our members!

ALSO required if the applicant is employed under the terms of an individual contract: SIGNATURE OF SUPERINTENDENT OR SCHOOL COMMITTEE CHAIRPERSON

- c) If, as indicated in Part 2, Section 3, the member was covered by an individual contract...
 - What was the earliest date that your school district's superintendent, School Committee or anyone in your administrative offices, had knowledge—formally or informally—of the member's intent to resign and/or retire? *mm/yyyy*
 - Were any of the individual contracts covering the member's employment for the last five years renegotiated (i.e., the original provisions were changed, and the changes applied retroactively and/or prospectively)? Yes No
 - In addition to the contracts, are there any documents (formal or informal) pertaining to the member's contracts or salaries for the last five years, or his or her intent to resign and/or retire? Yes No

If yes, please list all documents here AND attach a copy of each:

- During any School Committee meetings (including open and executive sessions), did any discussions or votes take place pertaining to the member's contracts or salaries for the last five years, or his or her intent to resign and/or retire? Yes No
- If yes, you must provide copies of ALL minutes of these meetings.**

I have reviewed this information and hereby certify, UNDER THE PENALTIES OF PERJURY, that:

- the salary reported herein at page 3, column G, *Total eligible earnings*, does **not** include any amounts paid to the member based on the school district's formal or informal knowledge of the member's intent to retire; for unused sick leave; in lieu of or for unused vacation pay; retirement incentives, bonus or severance payments, or fringe benefits; and,
- the above information is true, complete and correct.

X		/	/
Name (please print)		Date	
Title		Phone	