



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 were employed by more than one school district during the years used for your salary average, please make additional copies of these five pages and have them completed by a payroll administrator in each of the districts in which you were 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="checkbox"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> %

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="checkbox"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> %

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 **TWELVE 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"/>
<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>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

* 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

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

Full incapacity Workers' Compensation:

Start date	End date	Supplemental payments received by you from school district, if any, during this period		
mm/dd/yyyy	mm/dd/yyyy	Amount	Your salary rate in effect	Payment category (e.g., sick leave)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Partial incapacity Workers' Compensation:

Start date	End date	Supplemental payments received by you from school district, if any, during this period			Payments received by part-time work
mm/dd/yyyy	mm/dd/yyyy	Amount	Your salary rate in effect	Payment category (e.g., sick leave)	
<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"/>

- 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.

Date / /

Name (please print)

Phone

Title

Fax

Email

IMPORTANT NOTES

ALL signatures must be original a **WET SIGNATURE**—digital signatures are not accepted.

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.

Date / /

Name (please print)

Phone

Title