

# Request for creditable service estimate



**Most MTRS members DO NOT need a formal creditable service estimate**



## INFORMATION

You—and your current and former employers—are the best source of this information. To estimate your creditable service, see our website for a list of the types of creditable service, and add the number of years of each type of service you have rendered.

For members who are retiring within the next two years, or who have complicated employment histories (e.g., part-time service that was not continuous; teaching and administrative service; multiple transfers between retirement systems): **If you have not received a creditable service estimate within the last five years, and you are retiring:**



**WITHIN the next two years and need to know how much creditable service you have in order to plan your retirement, then please complete and submit this form.** We will give your request priority and process it as soon as possible.



**MORE than two years from now, you are welcome to request an estimate of your creditable service, but we respectfully ask that you consider waiting until you are closer to retirement.**

### Please note:

- The only members who may need a formal estimate of their creditable service are those whose **employment histories are complicated**—for example, if you rendered part-time service that was not continuous, or you were a teacher and then became an administrator, or you transferred in and out of several retirement systems.
- **These requests take time to process**—each member's service history is unique, and we must often request documentation from school districts. Please be patient.
- **Please remember that you don't "need" an estimate to apply for retirement.** If you have a general sense of how much creditable service you have, it is not necessary for you to request an estimate. When we process your completed retirement application, we will determine your exact amount of creditable service and you will be notified of the total by way of your *Notice of Estimated Retirement Benefit*. You will then have an opportunity to review that form before your benefit is finalized.

**MAIL the original form to the attention of Member Services.**

#### **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

### 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 01144-2048  
Phone 413-784-1711  
Fax 413-784-1707

### ONLINE

mass.gov/mtrs



MASSACHUSETTS TEACHERS'  
RETIREMENT SYSTEM



MAIN OFFICE 500 Rutherford Ave., Suite 210, Charlestown, MA 02129 ■ 617-679-MTRS (6877) ■ Fax 617-679-1661  
 WESTERN REGIONAL OFFICE One Monarch Place, Springfield, MA 01144 ■ 413-784-1711 ■ Fax 413-784-1707

# Request for creditable service estimate

*For members who are retiring within the next two years, or who have complicated employment histories (e.g., part-time service that was not continuous; teaching and administrative service; multiple transfers between retirement systems)*

## SECTION 1: MEMBER INFO

Name .....  MTRS member number ....

Address .....  City  State  ZIP

Phone number .....   Cell  Home  Work Email

Former/maiden name(s), if applicable .....   Not applicable

When do you plan to retire? ..... Within the next...  12 months  1-2 years  2+ years

## SECTION 2: CREDITABLE SERVICE HISTORY

**Please list ALL of your creditable service TO THE BEST OF YOUR KNOWLEDGE 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.

Name of employer	Position title	Grade <small>PreK-12, if applicable</small>	Start date <small>mm/dd/yyyy</small>	End date <small>mm/dd/yyyy</small>	Employment status <small>(as a % of full-time, e.g., 50%, 100%)</small>	Service credit status <small>(check one)</small>		
						Already credited and/or purchased	I have applied to purchase; now pending	I have NOT yet applied to purchase
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's name   
MTRS member number

**SECTION 3: OTHER PERIODS FOR WHICH YOU MAY RECEIVE CREDIT**

**Leave(s) of absence information**

If you took an **authorized leave of absence** from a Massachusetts public school, such as a medical or military leave, or sabbatical please provide the following information, and also provide a letter from your employer(s) documenting your leave(s).

**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.

Name of employer	Type of leave Medical, military, sabbatical	Start date mm/dd/yyyy	End date mm/dd/yyyy	Compensation received (check one)	
				No compensation	Partial compensation, and indicate % of full-time compensation paid
<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"/>	<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"/> %

**Workers' Compensation information**

**Full incapacity Workers' Compensation:**

Start date mm/dd/yyyy	End date mm/dd/yyyy	Supplemental payments received by you from school district, if any, during this period		
		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 mm/dd/yyyy	End date mm/dd/yyyy	Supplemental payments received by you from school district, if any, during this period			Payments received by part-time work
		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"/>

**Military service information**

If you have active military service with the armed forces of the United States, Massachusetts National Guard or active reserves, please report the following:

Type of military service	Start date mm/dd/yyyy	End date mm/dd/yyyy	Service credit status (check one)		
			I have credited and/or purchased	I have applied to purchase; now pending	NOT yet applied to purchase
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 4: YOUR STATEMENT AND SIGNATURE**

My best estimate of my total number of years of creditable service is .....  years.

I understand that all creditable service estimates are subject to review and audit at the time of my retirement and my benefit will ultimately be based on that official calculation.

Member's signature . . .  Date