PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION
FIVE MIDDLESEX AVENUE, SUITE 304 | SOMERVILLE, MA 02145

Introduction

Application for Voluntary Superannuation Retirement

Pursuant to Massachusetts General Laws, Chapter 32, Sections 5, 10(1), 10(2) and 10(3)

Form Last Revised: February, 2020

The *Application for Voluntary Superannuation Retirement* allows a member to apply to receive a superannuation retirement allowance. This retirement allowance is based upon your age, years of service, group classification, and salary. Those who entered service prior to April 2, 2012 may also use this form to apply for a Termination Retirement Allowance pursuant to Massachusetts General Laws, Chapter 32, Section 32, Section 10(2).

- This Voluntary Superannuation form must be filed with your retirement board.
- A copy of your birth certificate, military discharge papers, marriage certificate and all other relevant documents must be filed with this application.
- A properly completed *Choice of Option at Retirement* form must accompany this application.
- If you are an active employee or on a leave of absence, you can apply for retirement with the board no earlier than four months before your intended date of retirement.

Eligibility Criteria for a Superannuation Retirement:

Minimum Requirements for Superannuation Retirement

Members Prior to April 2, 2012		
Age at Retirement	**Years of Creditable Service**	
Any age	20 years of more	
55 or older	10 years or more (Groups 1 & 2)	
55 or older	Any amount of creditable service (Group 4 only), subject to certain minimums	
Members On or After April 2, 2012		
Age at Retirement	**Years of Creditable Service**	**Group**
60	10 years	1
55	10 years	2
50	10 years	4
55	Any amount, subject to certain minimums	4

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board: Somerville
Address: 323 Broadway
City/Town: Somerville **Zip Code:** 02145
Telephone: (617) 764-3811 **Fax:** (617) 591-3211

Member's Present Contact Information:

Member's Last Name **Member's First Name** ***-**-___ ___ ___ ___ **Social Security # (last four)**

Street Address:
City/Town: **State:** **Zip Code:**
Email:
Phone:

Marital Status: ☐ **Single** ☐ **Married** ☐ **Widowed** ☐ **Divorced**

If Divorced, do you have a Qualified Domestic Relations Order (QDRO) in place? ☐ **YES** ☐ **NO**

Applicant Information

To the Somerville Retirement Board:

I respectfully request retirement for superannuation with ____ years and ____ months of creditable service.

My requested retirement date is:

Agency or Department Retiring From* **Title/Position**

* For those retiring from regional or county retirement systems, please identify the community.

Contact Information After Retirement *(Enter only if different from present address)*

Street and Number

City/Town **State** **Zip Code** **Phone #**

Member Last Name: **First Name:** **SSN:** ***-**-__ __ __ __

To Which Group Do I Belong?

Your retirement board classifies you in a Group on the basis of the positon you hold. If you are in doubt about which Group you are in, please consult with your retirement board. The four Groups are as follows:

- **Group 1:** "Officials and general employees including clerical, administrative and technical workers, laborers, mechanics and all others not otherwise classified." (Most people are in Group 1.)
- **Group 2:** Among the members of Group 2 are "Public works building police; permanent watershed guards and permanent park police; University of Massachusetts police;" and many other specific positions including but not limited to fire or police signal operators, and ambulance attendants of a municipal department who are required to respond to fires. (The type of employment classified in Group 2 tends to be somewhat more hazardous than employment in Group 1.)
- **Group 3:** This Group is entirely made up of members of the Massachusetts State Police.
- **Group 4:** Among the members of Group 4 are "members of police and fire department not classified in Group 1," and many other specific positions including but not limited to correction officers, parole officers or parole supervisors, and certain enumerated employees of a municipal light plant. (Generally speaking, Group 4 encompasses the most hazardous occupations.)

Service Prior to April 2, 2012:

I entered service prior to April 2, 2012, and the following applies to me:

- ☐ I have service in more than one Group, and I choose to have my group classification prorated.
- ☐ I am presently in Group 1.
- ☐ I am presently in Group 2 and have performed services in Group 2 for a minimum of 12 months prior to retirement.
- ☐ I am presently in Group 4 and have performed services in Group 4 for a minimum of 12 months prior to retirement.

Service On or After April 2, 2012:

I entered service on or after April 2, 2012, and I understand that if I have service in multiple groups, my group classifciation time will be prorated. The following applies to me:

- ☐ During my public employment, I have served in more than one group.
- ☐ I am presently in Group 1, and have spent my entire public employment in Group 1.
- ☐ I am presently in Group 2, and have spent my entire public employment in Group 2.
- ☐ I am presently in Group 4, and have spent my entire public employment in Group 4.

Employment History

Please supply all periods of prior governmental service in the Commonwealth of Massachusetts.

I was also employed by other governmental units/political subdivisions in the Commonwealth of Massachusetts as follows:

GOVERNMENTAL UNIT	DEPARTMENT	POSITION	DATES EMPLOYED	
			From:	To:

Member Last Name: **First Name:** **SSN:** ***-**-__ __ __ __

Other Information:

- Are you presently receiving a retirement allowance from any retirement system of any governmental units/political subdivisions within the Commonwealth of Massachusetts? ☐ YES ☐ NO

  If **YES,** please specify systems, date of retirement and retirement type.

- Are you a veteran? ☐ YES ☐ NO

  If **YES**, please specify military branch and dates of active service.

- Have you been officially investigated for or charged with misappropriation of funds from your employer or convicted of any crime related to your office or position? ☐ YES ☐ NO

  If **YES**, please provide documentation.

- Have you engaged in the practice of shift substitution on or after October 26, 2011? ☐ YES ☐ NO

  If you answered **YES**, your Employer is required to fill out the *Employer's Shift Substitution Certification* form and file it with your retirement board.

Termination Retirement Allowance

Are you applying for a Termination Retirement Allowance pursuant to the provisions of Massachusetts General Laws, Chapter 32, Section 10(2), which is only available for those who became members prior to April 2, 2012? ☐ YES ☐ NO

If **YES**, please briefly summarize the facts in the box below.

I sign this application under the penalties of perjury. I affirm that the information presented in this application is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of my benefits as well as civil and criminal penalties.

Applicant's Signature:

Print Name:

Signature: **Date:**

To Be Completed By Witness (should be disinterested party):

Name (Print):

Street Address:

City/Town: **State:** **Zip Code:**

Signature: **Date:**