

Plymouth County Retirement Association



Superannuation Retirement Application

Dear Member:

Thank you for your service to your local community. Now, it's the Plymouth County Retirement Association's time to work for you.

Please complete and return this application. You may submit your application up to 120 days before your planned date of retirement. If you submit your application more than 60 days after you separate from service, your retirement date will be 15 days from the date that the Association receives your application.

Please be sure to review and complete each section of the application. Also, please be sure to fully review each of the three retirement options that are available for you to choose from. Once your date of retirement passes, you are unable to change the option that you selected or your date of retirement.

Along with your application, please submit a copy of your birth certificate or, if unavailable, a passport is acceptable. If after reviewing the options you are going to retire under Option C, you will also need to submit a copy of your beneficiary's birth certificate and, if the beneficiary is also your spouse, a copy of your marriage certificate.

If you are going to continue any medical insurance during your retirement, please be sure to contact the human resource office of your city/town or agency to verify which insurance you are eligible for.

If you have any questions about the Superannuation Retirement Application or any part of your future retirement with the Plymouth County Retirement Association, please contact our office to speak with a counselor or to schedule an appointment.

Sincerely,

Plymouth County Retirement Association
(508) 830 - 1803



Plymouth County Retirement Association
Superannuation Retirement Application

Section 1 – Member Information

Name _____ SS# XXX - XX - _____
(First) (M.I.) (Last)

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

E-Mail address _____ Date of Birth ____/____/____

Marital Status: Single Married* Divorced Widowed
*If married, spouse's full name _____

If you have ever been divorced, do you have a
qualified Domestic Relations Order (DRO) in effect? No Yes*

* If yes, please forward a copy of your Domestic Relations Order (DRO) with your application.

Veteran Status: No Yes (If yes, please include a copy of your DD-214)

Section 2 – Retirement Information

Date of Retirement ____/____/____ Years/Months of Service ____ / ____

Current or last place of employment _____
(County, Town, Housing Authority, District or Agency)

Title/Position _____ Retirement Group _____

Is the position you are retiring from a Collective Bargaining Position? No Yes

Section 3 – Address After Retirement

Enter only if your address after retirement will be different from your current address.

Address _____

City _____ State _____ Zip Code _____

Section 4 – Employment History

List all other public service you have had with another City/Town, County or the Commonwealth.

System	Start Date	End Date
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____

Are you applying for a termination retirement under Section 10? No Yes*
(Only available for those who became members before April 2, 2012)

*If yes, please briefly summarize the facts _____

Are you presently receiving a retirement allowance from any other retirement systems of any governmental units/political subdivisions within the Commonwealth of Massachusetts? No Yes*

*If yes, please specify system, date of retirement, type _____

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? No Yes*

*If yes, please provide documentation

Have you engaged in the practice of shift substitution on or after October 26, 2011? No Yes*

*If yes, your employer must complete the Employer's Certification of Creditable Service and Regular Compensation in Connection with Shift Substitution Form.

I sign this application under the pains and 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 _____ Date _____

Applicant's Name (Print) _____

OPTION SELECTION FORM – (CHECK ONE)

Option A

Option A provides the highest monthly benefit allowance that you are eligible for, but it does not provide any survivor benefits. Your benefits would stop effectively on your date of passing and, if any benefits are due for the pro-rated month of your passing, they will be paid in a lump sum payment to your named beneficiary/ies that you have listed.

Option B

Option B pays a monthly allowance approximately 1 - 2 percent less than Option A. At the time of your passing, it provides for a one-time lump sum payment of any funds left in your annuity savings fund, if any, to your named beneficiary/ies that you have listed. These funds generally run out between 9 - 11 years into retirement, at which time there would be no funds for a beneficiary/ies.

Option C

Option C pays a monthly allowance approximately 9 - 11 percent less than Option A. At the time of your passing, it provides a continuous monthly survivor benefit of 2/3 of what your monthly benefit is at the time of death. You can only name one Option C beneficiary and cannot change that beneficiary after the date of your retirement. If your beneficiary predeceases you, you will be popped up to your Option A allowance.

Option C Beneficiary (Name) _____
Beneficiary Date of Birth ____/____/____ SS#____-____-____
Relationship to you* _____
* The relationship is limited to spouse, former spouse not remarried, parent, sibling, child.

I have read and understand the provisions of **Option** that I have selected above.

Applicant's Signature _____ **Date** _____

Witness Signature (Required)

If you are married, the witness must be your spouse. Witness cannot be a beneficiary unless the beneficiary is your spouse.

Witness Signature _____ **Date** _____

Print Name _____

Address _____

BENEFICIARY INFORMATION

Please complete this section if you are retiring under Option A or Option B only. If you are retiring under Option C, please complete the beneficiary section on page 3 of the application. You may change your beneficiary/ies at any time by completing a new Retiree Beneficiary Form. If you need more space for additional beneficiaries, please make a photocopy of this page, fill in the information and indicate how many additional sheets are included.

Name _____	Percentage <input style="width: 50px;" type="text"/>	%
Address _____		
City _____	State _____	Zip Code _____
Relationship _____	Date of Birth ____/____/____	SS# ____-____-____

Name _____	Percentage <input style="width: 50px;" type="text"/>	%
Address _____		
City _____	State _____	Zip Code _____
Relationship _____	Date of Birth ____/____/____	SS# ____-____-____

Name _____	Percentage <input style="width: 50px;" type="text"/>	%
Address _____		
City _____	State _____	Zip Code _____
Relationship _____	Date of Birth ____/____/____	SS# ____-____-____

Name _____	Percentage <input style="width: 50px;" type="text"/>	%
Address _____		
City _____	State _____	Zip Code _____
Relationship _____	Date of Birth ____/____/____	SS# ____-____-____

The total of all the percentages above must equal 100%.

SUBSTITUTE W-4P TAX FORM

Your monthly retirement allowance is taxable on the federal level and as long as you live in Massachusetts, or one of fifteen other states, it is not taxable on the state level. Use this form to indicate how you would like your federal tax withheld. How you indicate you would like your federal tax withheld will remain in effect until you change it with the Plymouth County Retirement Association by completing a new Substitute W-4P Tax Form. If you do not fill out this form, the automatic default federal tax withholding would be married with three exemptions.

Name _____		SS# XXX - XX - _____	
Address _____			
City _____		State _____	Zip Code _____
Home Phone (____) _____ - _____		Cell Phone (____) _____ - _____	

PLEASE CHECK ONE ONLY

<input type="checkbox"/> I do not want any federal income taxes to be withheld from my check. If elected, I acknowledge that I am responsible for payment of estimated taxes and may be subject to tax penalties under the IRS's estimated tax rules.
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<input type="checkbox"/> I want federal income taxes withheld based on the IRS tax tables and the marital status and the number of exemptions claimed. I understand that the amount of taxes may change if the IRS tax tables are adjusted. Please complete the rest of this section.
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at a higher single rate
Number of exemptions claimed <input type="checkbox"/>
Additional amount to be withheld (if any) \$ <input type="text"/>

<input type="checkbox"/> I want my federal income taxes withheld in a flat amount per month \$ <input type="text"/>

Applicant's Signature _____ Date _____
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DIRECT DEPOSIT AUTHORIZATION FORM

In most cases, your first payment will be made to you via a check in the mail, however. all payments afterwards will be made to you via direct deposit on the last business day of each month. Direct deposit statements will only be mailed to you when there is a change in the amount of your deposit from the previous month. If you wish to change which bank and/or account you would like to have your monthly retirement allowance go to, please complete a new Direct Deposit Authorization Form.

Section 1 – Member Information

Name _____ SS# XXX - XX - _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Section 2 – Bank Information

Name of Financial Institution _____

All names on account _____

Routing#

Account # _____

Savings account Checking account (please also attach a blank voided check)

Is your direct deposit going to a foreign bank directly or forwarded to a foreign account from a domestic bank? No Yes

I hereby authorize the Plymouth County Retirement Association to electronically deposit my monthly retirement allowance to the bank and account number as stated above. The Plymouth County Retirement Association is also authorized to make any adjustments, debit or credit, as a result of errors in transfer. This authorization is to remain in full force and in effect until revoked by me in writing to the Plymouth County Retirement Association.

Applicant's Signature _____ Date _____

INSURANCE PREMIUM AUTHORIZATION FORM

Choose One

I, _____, hereby certify that I have filed, or intend to file, an application for retirement with the Plymouth County Retirement Association from my service from _____

(County, /Town, Housing Authority District or Agency)

with my intended date of retirement of ____/____/____ and I request to continue to have the applicable portion of my insurance coverage deducted directly from my monthly retirement allowance. I fully understand that:

- Until the appropriate premium has been withheld from my monthly retirement allowance, as authorized below, I shall make direct payments to the Treasurer of the county, city/town, housing authority or agency from which I retire.
- If I cancel the aforementioned coverage and wish to reinstate it at some future date, I will not be able to do so until an open enrollment period or other qualifying event.
- Upon any change of status or dependents insured under my coverage, such information must be submitted in letter form to the Treasurer of the county, city/town, housing authority or agency from which I retire.
- I agree to be liable for any change in the premium based on a change in the contract.
- The hospital/medical/surgical benefits will remain at the same level as that provided for all county, city/town, housing authority or agency employees
- My life insurance coverage upon retirement will be in accordance with the policy of the county, city/town, housing authority or agency from which I have retired.

I, _____, hereby certify that I have filed, or intend to file, an application for retirement with the Plymouth County Retirement Association from my service from _____

(County, Town, Housing Authority, District or Agency)

with my intended date of retirement of ____/____/____ and I do **not** intend to continue with insurance from my former employer. I acknowledge that I have contacted my former employer about my eligibility to pick up said coverage in the future if I so need to.

I hereby authorize the county, city/town, housing authority or agency to withhold the premium for coverage, if noted above, from my monthly retirement allowance, such sum to be paid to the carrier of my premium for the month following the month covered by the monthly retirement allowance check from which said deduction is made. Otherwise, I acknowledge that no insurance premium will be withheld.

Applicant's Signature _____ **Date** _____

BEFORE YOU SUBMIT YOUR RETIREMENT APPLICATION

Before you submit your application, please review to make sure you have fully completed all of the enclosed pages and provided any additional documents to avoid any delays in processing your retirement including:

- Applicant's signature on pages 2, 3, 5, 6 and 7.
- Witness signature on page 3. The witness must be the spouse if you are married.
- A copy of a blank voided check if your required direct deposit is going into a checking account.
- If you are retiring under Option C, your beneficiary's birth certificate and, if the beneficiary is your spouse, a copy of your marriage certificate.
- A copy of your DD-214 if you are a veteran
- If applicable, a copy of any QDROs.

Your first check should arrive approximately 6 - 8 weeks from your date of retirement. In most cases, your first payment will be a check in the mail then all payments afterwards will be by direct deposit on the last business day of each month.

If you have any questions in regards to your retirement, please feel free to contact our office at (508) 830 - 1803 to speak with a counselor or to schedule an appointment.





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Plymouth County Retirement Association

60 Industrial Park Road

Plymouth, MA 02360