



# 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

# 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

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**Retirement Board:** Please enter your retirement board information here.

Name of Retirement Board:

Address:

City/Town:

Zip Code:

Telephone:

Fax:

## 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 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 position 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 classification 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:



# Introduction

## Choice of Option at Retirement

Pursuant to Massachusetts General Laws, Chapter 32, Sections 12(1) and 12(2)

Form Last Revised: February, 2020

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The *Choice of Option at Retirement* Form allows a member who has applied for retirement to select whether to receive their entire retirement allowance during their lifetime or to leave a lump sum or allowance for their survivor(s).

Keep in mind:

- You may only select one Option.
- Please consult with your retirement board to be certain that you understand the effect of selecting an Option. Your retirement board can provide you with a personalized estimate of each benefit.
- If you are married, the Spousal Acknowledgement on this form must be signed by your spouse.
- A disinterested witness should sign pages 6 and 7 of this form.

# Choice of Option at Retirement

Pursuant to Massachusetts General Laws, Chapter 32, Sections 12(1) and 12(2)

Form Last Revised: July, 2019

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**Retirement Board:** Please enter your retirement board information here.

<b>Name of Retirement Board:</b>	<input type="text"/>		
<b>Address:</b>	<input type="text"/>		
<b>City/Town:</b>	<input type="text"/>	<b>Zip Code:</b>	<input type="text"/>
<b>Telephone:</b>	<input type="text"/>	<b>Fax:</b>	<input type="text"/>

## Member's Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Member's Last Name</b>	<b>Member's First Name</b>	<b>Social Security # (last four)</b>	
<b>Street Address:</b>	<input type="text"/>		
<b>City/Town:</b>	<input type="text"/>	<b>State:</b>	<input type="text"/>
<b>Zip Code:</b>	<input type="text"/>		
<b>Email:</b>	<input type="text"/>		
<b>Phone:</b>	<input type="text"/>		

## Instructions

When you apply for retirement, you may select one of three retirement allowance payment Options (A, B or C). For the Option selection to be valid, this completed form must be filed with your retirement board:

- On or before the date the board receives your written application for retirement, or
  - On or before the date your allowance becomes effective, or
  - Not more than 15 days after the board receives a written application for your involuntary retirement from your department head.
1. You may change your Option selection before your retirement becomes effective by filing a new form.
  2. You may not change your Option selection once your retirement becomes effective.
  3. **If no Option selection is made, your allowance will be paid under Option (B).**
  4. If you are married, the spousal acknowledgement at the end of this form must be signed by your spouse.

## Choice of Option at Retirement

Member Last Name: First Name: 

SSN: \*\*\*-\*\*-\_\_\_\_

### 1. Explanation of Retirement Options

After reviewing **ALL** of the retirement options below, please select **ONE** option by checking the corresponding box in **Section 5** on page 6.

#### Option (A) No Payment to Beneficiary

This Option provides for a full retirement allowance payable in monthly installments during your lifetime. All allowance payments will cease upon your death and no benefits will be provided for any survivors.

**Do not complete sections 3 & 4.**

#### Option (B) Lump Sum Payment to Beneficiary

The payments under this Option are smaller than under Option (A). The annuity portion of your allowance is reduced to allow a lump sum benefit for your named beneficiary(ies). Upon your death, your named beneficiary(ies), or if there is no beneficiary living, the person or persons appearing in the judgment of the retirement board to be entitled thereto will be paid the unexpended balance of your annuity account. Please note that the contributions comprising the annuity account will be depleted within approximately twelve to fifteen years depending upon your age at retirement. The longer you live, the less will be paid to your beneficiary(ies) upon your death. If your account has been fully depleted, nothing will be paid to your named beneficiary(ies). You may designate and change at any time, one or more beneficiaries to receive in designated proportions, the lump sum Option (B) benefit. This Option takes effect upon your retirement and supercedes any prior beneficiary selections. **Do not complete sections 2 & 4.**

#### Option (C) Payment of Allowance to Beneficiary

Election of Option (C) provides for a monthly retirement allowance during your lifetime that is less than you would receive under either Option (A) or Option (B). Upon your death your designated beneficiary will be paid a monthly allowance for the remainder of his or her lifetime. That allowance will be equal to two-thirds of the allowance that you were receiving at the time of your death. The monthly allowance you receive under Option (C) is based upon life expectancy factors for you and your designated beneficiary. Only your spouse, former spouse who has not remarried, mother, father, sister, brother or child may be designated as your Option (C) beneficiary. The younger your beneficiary, the smaller your retirement allowance will be. If, after you retire, your Option (C) beneficiary predeceases you, you will thereafter be paid the full retirement allowance you would have received had you elected Option (A) at the time your retirement allowance became effective. This conversion is commonly referred to as the Option (C) "pop-up". Please note that after the Option (C) "pop-up" takes place you may not name another Option (C) beneficiary or choose another Option.

**Do not complete sections 2 & 3.**

Choice of Option at Retirement

Member Last Name:

First Name:

SSN:

2. Option A Only

There is no beneficiary when Option A is selected. Of all three options, Option A provides the highest possible monthly allowance to a retiree. It does not provide for any continuing survivor benefits. Upon the death of the member who has selected Option A:

- All payments will stop.
- No future monthly payments will be made to anyone.
- No pay out of the remaining balance in the annuity account (if any) will be made.
- A pro-rata share of any amounts due at the death of the member (which will vary depending upon the date of the member's death) shall be payable to a recipient designated by the member.

I, , understand that in picking Option A only the amount of retirement allowance still owed to me at the time of my death will be payable to a recipient or recipients designated by me.

I hereby designate the following to receive the pro-rata share of my retirement allowance still due to me on the date of my death.

Pro-Rata Recipient or Recipients:

Pro-Rata Recipient or Recipients:				% of Benefit**
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				

\*Recipient's full Social Security Number (SSN) or Employer Identification Number (EIN), if an organization.  
\*\*Total must equal 100%; if no percentages are indicated, benefit will be allocated equally among recipients.



## Choice of Option at Retirement

Member Last Name:

First Name:

SSN:

\*\*\*-\*\*-\_\_\_\_\_

## 3. Option B Only — Beneficiaries

If you selected Option B, please fill in your beneficiary(ies) below:

## Beneficiary Information:

Beneficiary Information:				% of Benefit**
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				

\*Beneficiary's full Social Security Number (SSN) or Employer Identification Number (EIN), if an organization.

\*\*Total must equal 100%; if no percentages are indicated, benefit will be allocated equally among lump-sum beneficiaries.

%

## 4. Option C Only — Beneficiary

If you selected Option C, please fill in your beneficiary below. An Option C beneficiary may only be your spouse, former spouse who has not remarried, mother, father, sister, brother, or child.

Beneficiary's Name:

\*\*Relation to Member:

Date of Birth:

Social Security #:

Member's Signature

Date:

Member's Social Security # (last four):

\*\*\*-\*\*-\_\_\_\_\_

\*\*Please include birth certificate and marriage certificate, if applicable.

## Choice of Option at Retirement

Member Last Name:

First Name:

SSN:

\*\*\*-\*\*-\_\_\_\_\_

**5. Option Selection and Signature**

Please check the Option you have selected and sign your name at the bottom.

☐**Option (A)**

I choose to have my retirement allowance paid in accordance with the provisions of Massachusetts General Laws, Chapter 32, Section 12(2)(a) which provides the largest possible payment to me under the retirement law and that all payments thereunder cease at my death. No payment will be made to any beneficiary upon my death. If married, spouse must acknowledge this selection in Section 6.

☐**Option (B)**

I choose to have my retirement allowance paid in accordance with the provisions of Massachusetts General Laws, Chapter 32, Section 12(2)(b) which provides for a smaller retirement allowance for my life but provides that my designated beneficiary(ies) will receive any amounts remaining in my annuity account at my death. If married, spouse must acknowledge this selection in Section 6.

☐**Option (C)**

I choose to have my retirement allowance paid in accordance with the provisions of Massachusetts General Laws, Chapter 32, Section 12(2)(c) which provides an allowance which will be smaller than those under Option (A) or Option (B) but that upon my death two-thirds of this allowance will be paid to the named beneficiary for said beneficiary's life. If married, spouse must acknowledge this selection in Section 6.

**Member's Signature:** I have read and understand the provisions of Option ☐ selected above.

Print Name:

Signature:

Date:

Social Security # (last four):

\*\*\*-\*\*-\_\_\_\_\_

**6. Witness Signature**

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

**To the Retirement Board** - I have read this form with the member whose selection of an Option is made on this document and at his or her request have witnessed his or her signature thereto.

Witness' Name (Print):

Street Address:

City/Town:

State:

Zip Code:

Witness' Signature:

Date:

# Choice of Option at Retirement

Member Last Name:

First Name:

SSN:

\*\*\*-\*\*-\_\_\_\_

## 7. Spousal Acknowledgement

Unless there is a Domestic Relations Order in effect, if a member is married, the election of an option shall not be valid unless it is accompanied by the signature of the member's spouse.

- The member's spouse must indicate that he/she has reviewed the Option selected and understands it.
- It is up to the retirement board to explain the three options to the member and the spouse.
- If an option selection of a married member is not accompanied by a spouse's signature, the retirement board will take steps, outlined in the statute, to contact the member's spouse directly.

**IMPORTANT:** If you are the spouse of a member, please be certain you have read and understand the foregoing provision relating to your spouse's Option selection. If you do not understand any part of the Option selected by your spouse, please ask for an explanation from your spouse's retirement board. Your signature is not consent or approval, only an acknowledgement of the Option chosen by your spouse.

- Do not sign below unless you understand the Option selected by your spouse and the benefits to which you may or may not be entitled to at his/her death.

I am , the spouse of .

I understand my spouse has selected Option  as the method by which his/her retirement allowance will be paid. **This option may not be changed after retirement.**

### Spouse's Signature

Spouse's Name (Print):

Spouse's Signature:

Date:

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

Witness' Name (Print):

Street Address:

City/Town:

State:

Zip Code:

Witness' Signature:

Date:

# Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

**2020**

**Future developments.** For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to [www.irs.gov/FormW4P](http://www.irs.gov/FormW4P).

**Purpose of form.** Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You may also use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions), or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2020.

## General Instructions

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2020 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose of form*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

**Sign this form.** Form W-4P is not valid unless you sign it.

You can also use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider using this estimator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this estimator to see how the amount of tax you're having withheld compares to your projected total tax for 2020. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty

unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return.

**Filers with multiple pensions or more than one income.** If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married filing jointly and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

**Other income.** If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at [www.irs.gov/FormsPubs](http://www.irs.gov/FormsPubs). Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or Form W-4P.

**Note:** Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

## Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a designated Roth account or Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records. -----

# Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

**2020**

► For Privacy Act and Paperwork Reduction Act Notice, see page 6.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

### Complete the following applicable lines.

- Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ► ☐
- Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) . . . . . ►  
**Marital status:** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. (Enter number of allowances.)
- Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) . . . . . ► \$

Your signature ►

Date ►

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

**Choosing not to have income tax withheld.** You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* below.

**Caution:** There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

**Periodic payments.** Withholding from periodic payments of a pension or annuity is figured using certain withholding tables that are also used to figure withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. You can't designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you don't want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3.

**Caution:** If you don't submit Form W-4P to your payer, the payer must withhold from periodic payments as if you're married claiming three withholding allowances. Generally, this means that tax will be withheld if the taxable amount of your pension or annuity is at least \$2,095 a month.

If you submit a Form W-4P that doesn't contain your correct social security number (SSN), the payer must withhold as if

you're single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you can't use Form W-4P because they're already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and tax-exempt organizations' deferred compensation plans described in section 457. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

**Nonperiodic payments—10% withholding.** Your payer must withhold at a flat 10% rate from the taxable amount of nonperiodic payments (but see *Eligible rollover distribution—20% withholding* below) **unless** you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You can't use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

**Caution:** If you submit a Form W-4P that doesn't contain your correct SSN, the payer can't honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

**Eligible rollover distribution—20% withholding.** Distributions you receive from qualified pension or annuity plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a flat 20% federal withholding rate on the taxable amount of the distribution. The 20% withholding rate is required, and you can't choose not to have income tax withheld from eligible rollover distributions. Don't give Form W-4P to your payer unless you want an additional amount withheld. In that case, complete line 3 of Form W-4P and submit the form to your payer.

**Note:** The payer won't withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a 401(k) plan, qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by federal law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and aren't subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 2.

**Tax relief for victims of terrorist attacks.** For tax years ending after September 10, 2001, disability payments for injuries incurred as a direct result of a terrorist attack directed against the United States (or its allies), whether outside or within the United States, aren't included in income. You may check the box on line 1 of Form W-4P and submit the form to your payer to have no federal income tax withheld from these disability payments. However, you must include in your income any amounts that you received or would've received in retirement had you not become disabled as a result of a terrorist attack. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Changing Your "No Withholding" Choice

**Periodic payments.** If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the 2020 default rate (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at a different rate, complete line 2 on the form.

**Nonperiodic payments.** If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit the Form W-4P to your payer.

## Payments to Foreign Persons and Payments To Be Delivered Outside the United States

Unless you're a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are to be delivered to you outside the United States or its possessions. Don't check the box on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates are generally subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for details. A foreign person should submit Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

## Statement of Federal Income Tax Withheld From Your Pension or Annuity

By February 1 of next year, your payer will furnish a statement to you on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you're a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of next year.

# Specific Instructions

## Personal Allowances Worksheet

Complete this worksheet on page 4 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line D. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required SSN. To learn more about this credit, see Pub. 972, Child Tax Credit and Credit for Other Dependents. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line D of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

**Line E. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who does not meet the age or SSN requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

**Line F. Other credits.** You may be able to reduce the tax withheld from your payments if you expect to claim other tax credits, such as tax credits for education (discussed in Pub. 970). If you do so, your payments will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for the worksheet for converting credits to allowances in Pub. 505 if you want to reduce your withholding by taking these credits into account. If you compute all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E.

## Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your pension or annuity payments to account for your itemized deductions and other adjustments to income, such as deductible IRA contributions. If you do so, your refund at the end of the year will be smaller, but your payments will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your payments if you have a large amount of other income not subject to withholding, such as interest, dividends, or capital gains.

Another option is to take these items into account and make your withholding more accurate by using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

## Multiple Pensions/More-Than-One-Income Worksheet

Complete this worksheet if you receive more than one pension, if you have a pension and a job, or if you're married filing jointly and have a working spouse or a spouse who receives a pension. If you don't complete this worksheet, you might have too little tax withheld. If so, you will generally owe tax when you file your tax return and may be subject to a penalty.

Use the Multiple Pensions/More-Than-One-Income Worksheet from only one Form W-4P to figure the number of allowances you're entitled to claim and any additional amount of tax to withhold from all pensions. If you (and/or your spouse if filing jointly) have two or more pensions, withholding will generally be more accurate if only the Form W-4P for the highest paying pension (a) claims any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet; and (b) uses the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have a pension and a job, withholding will generally be more accurate if the Form W-4P for the pension doesn't claim

any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet. However, you may need to use the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have more than one pension (or a pension and a job) and you need to complete a new Form W-4P or Form W-4 for a pension or a job, you (and/or your spouse) will generally get more accurate withholding by completing new Form(s) W-4P or Form(s) W-4 for all other pensions and jobs. See Pub. 505 for details.

Another option is to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure your withholding more precisely.

### Personal Allowances Worksheet (Keep for your records.)

- A** Enter "2" for yourself . . . . . **A** \_\_\_\_\_
- B** Enter "1" if you will file as married filing jointly . . . . . **B** \_\_\_\_\_
- C** Enter "1" if you will file as head of household . . . . . **C** \_\_\_\_\_
- D Child tax credit.** See Pub. 972 for more information.
- If your total income will be less than \$72,351 (\$105,051 if married filing jointly), enter "4" for each eligible child.
  - If your total income will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "2" for each eligible child.
  - If your total income will be from \$181,951 to \$200,000 (\$351,401 to \$400,000 if married filing jointly), enter "1" for each eligible child.
  - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . . **D** \_\_\_\_\_
- E Credit for other dependents.** See Pub. 972 for more information.
- If your total income will be less than \$72,351 (\$105,051 if married filing jointly), enter "1" for each eligible dependent.
  - If your total income will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
  - If your total income will be higher than \$181,950 (\$351,400 if married filing jointly), enter "-0-" . . . . . **E** \_\_\_\_\_
- F Other credits.** If you have other credits, see the worksheet for converting credits to allowances in Pub. 505 and enter the amount from that worksheet here. If you compute all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E . . . . . **F** \_\_\_\_\_
- G** Add lines A through F and enter the total here . . . . . **G** \_\_\_\_\_

For accuracy,  
complete all  
worksheets  
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of other income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** on page 5.
- If you **have more than one source of income subject to withholding** or are **married filing jointly and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds \$13,000 (\$25,000 if married filing jointly), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 5 to avoid having too little tax withheld, or use the estimator for more accuracy.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P above.

### Deductions, Adjustments, and Additional Income Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of other income not subject to withholding.

- 1 Enter an estimate of your 2020 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details . . . . . **1** \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \$18,650 \text{ if you're head of household} \\ \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4 Enter an estimate of your 2020 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness. See Pub. 505 for information about these items . . . . . **4** \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total . . . . . **5** \$ \_\_\_\_\_
- 6 Enter an estimate of your 2020 other income not subject to withholding (such as dividends, interest, or capital gains) . . . . . **6** \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . . **7** \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$4,300 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line G, on page 4 . . . . . **9** \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, on page 1 . . . . . **10** \_\_\_\_\_

### Multiple Pensions/More-Than-One-Income Worksheet

**Note:** Use this worksheet *only* if the instructions under line G from the **Personal Allowances Worksheet** direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1 Enter the number from the **Personal Allowances Worksheet**, line G, on page 4 (or from line 10 above if you used the **Deductions, Adjustments, and Additional Income Worksheet**) . . . . . **1** \_\_\_\_\_
- 2 Find the number in **Table 1** on page 6 that applies to the **LOWEST** paying pension or job and enter it here. However, if you're married filing jointly and the amount from the highest paying pension or job is \$75,000 or less and the combined amounts for you and your spouse are \$107,000 or less, do not enter more than "7" . . . . . **2** \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, on page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, on page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
- 7 Find the amount in **Table 2** on page 6 that applies to the **HIGHEST** paying pension or job and enter it here **7** \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
- 9 **Divide** line 8 by the number of payments remaining in 2020. For example, divide by 8 if you're paid every month and you complete this form in April 2020. Enter the result here and on Form W-4P, line 3, on page 1. This is the additional amount to be withheld from each payment . . . . . **9** \$ \_\_\_\_\_



**Table 1**

<b>Married Filing Jointly</b>		<b>All Others</b>	
If wages from <b>LOWEST</b> paying job or pension are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job or pension are—	Enter on line 2 above
\$0 - \$799	0	\$0 - \$799	0
800 - 5,100	1	800 - 5,100	1
5,101 - 9,400	2	5,101 - 9,400	2
9,401 - 13,700	3	9,401 - 13,700	3
13,701 - 18,000	4	13,701 - 22,000	4
18,001 - 22,300	5	22,001 - 27,500	5
22,301 - 26,600	6	27,501 - 32,000	6
26,601 - 35,000	7	32,001 - 40,000	7
35,001 - 40,000	8	40,001 - 60,000	8
40,001 - 46,000	9	60,001 - 75,000	9
46,001 - 55,000	10	75,001 - 85,000	10
55,001 - 60,000	11	85,001 - 95,000	11
60,001 - 70,000	12	95,001 - 100,000	12
70,001 - 75,000	13	100,001 - 110,000	13
75,001 - 85,000	14	110,001 - 115,000	14
85,001 - 95,000	15	115,001 - 125,000	15
95,001 - 125,000	16	125,001 - 135,000	16
125,001 - 155,000	17	135,001 - 145,000	17
155,001 - 165,000	18	145,001 - 160,000	18
165,001 - 175,000	19	160,001 - 180,000	19
175,001 - 180,000	20	180,001 and over	20
180,001 - 195,000	21		
195,001 - 205,000	22		
205,001 and over	23		

**Table 2**

<b>Married Filing Jointly</b>		<b>All Others</b>	
If wages from <b>HIGHEST</b> paying job or pension are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job or pension are—	Enter on line 7 above
\$0 - \$25,350	\$430	\$0 - \$7,375	\$430
25,351 - 85,850	520	7,376 - 37,625	520
85,851 - 176,650	950	37,626 - 83,025	950
176,651 - 332,200	1,030	83,026 - 160,800	1,030
332,201 - 420,300	1,380	160,801 - 204,850	1,380
420,301 - 627,650	1,510	204,851 - 515,900	1,510
627,651 and over	1,590	515,901 and over	1,590

## Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status; (b) request additional federal income tax withholding from your pension or annuity; (c) choose not to have federal income tax withheld, when permitted; or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths

and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

# FRANKLIN REGIONAL RETIREMENT SYSTEM

278 MAIN STREET, SUITE 311 GREENFIELD, MASSACHUSETTS 01301-3230  
TELEPHONE: 413-774-4837 FAX: 413-774-5677

## Direct Deposit

Mandatory for All Retirees

Instructions: Please fill in the following information and return this form to the above address. You will receive a "Notice of Deposit" the first month you receive a benefit, in the months of July and December, and any other month in which a change to your benefit occurs.

Please check one: New ☐ Change ☐

I, \_\_\_\_\_ request and authorize the Franklin Regional Retirement System, to make a direct deposit of my net retirement pay to the below named bank(s) and indicated account(s), by initiating a credit entry for any amounts owing to me. **I understand that my net retirement pay will be credited to my account(s) on the 30th of each month or the last business day prior to the 30<sup>th</sup> if the 30<sup>th</sup> falls on a weekend or holiday.**

### Account Information

Bank Name: \_\_\_\_\_

Account: ABA(bank) No. \_\_\_\_\_ Account (you)No \_\_\_\_\_

Please check one: Checking ☐ Savings ☐ Amount \_\_\_\_\_

*\*Required: please attach official documentation showing account number and bank name, e.g. voided check or copy of check, bank statement, letter or memo from bank.*

Bank Name: \_\_\_\_\_

Account: ABA(bank) No. \_\_\_\_\_ Account (you)No \_\_\_\_\_

Please check one: Checking ☐ Savings ☐ Amount \_\_\_\_\_

*\*Required: please attach official documentation showing account number and bank name, e.g. voided check or copy of check, bank statement, letter or memo from bank.*

I agree that if the Franklin Regional Retirement System credits an unearned or erroneous payment to my account, I will immediately repay the Franklin Regional Retirement System the full amount of such unearned or erroneous pay.

I further agree that if I do not repay such unearned pay, I will be personally liable for all costs of collection, including reasonable attorney's fees incurred by the Franklin Regional Retirement System in the collection of such unearned pay, together with the maximum interest or late charges permitted by law.

Retiree Signature: \_\_\_\_\_ Last Four of Social Security No.: \_\_\_\_\_

Date: \_\_\_\_\_

Sandra A. Hanks  
Board Chair

Angelina J. Bragdon  
Council Member

Gabriele H. Voelker  
Elected Member

**FRANKLIN REGIONAL RETIREMENT SYSTEM**  
278 MAIN STREET, SUITE 311  
GREENFIELD, MASSACHUSETTS 01301-3230

Paul J. Mokrzecki  
Vice Chair

Mary A. Stokarski  
Elected Member

Dale C. Kowacki  
Executive Director

**AUTHORIZATION FOR PAYMENT OF  
INSURANCE PREMIUMS**

I, \_\_\_\_\_, am retiring from

\_\_\_\_\_  
Arrangements have been made for the continued health and/or life insurance benefits from the above named town, district, or authority.

I authorize the Franklin Regional Retirement System to withhold an amount equal to the retiree's share of such health/life insurance premiums as I am enrolled in, said amount to be provided by the treasurer or financial authority of the unit from which I am retiring, and changed from time to time as the premium changes. All premiums withheld from my retirement benefit shall be paid to the town, district, or authority from which I am receiving my benefit and all administration of such benefits shall remain with the town, district, or authority from which I retired.

Withdrawal of this authorization shall be in writing to the Retirement Board.

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date

Sandra A. Hanks  
Board Chair

Angelina J. Bragdon  
Council Member

Gabriele H. Voelker  
Elected Member

**FRANKLIN REGIONAL RETIREMENT SYSTEM**  
278 MAIN STREET, SUITE 311  
GREENFIELD, MASSACHUSETTS 01301-3230

Paul J. Mokrzecki  
Vice Chair

Mary A. Stokarski  
Elected Member

Dale C. Kowacki  
Executive Director

Dear Retiree:

Attached is a copy of M.G.L. chapter 32 sec 91 (b) & (c). This section of the law refers to post superannuation retirement earnings, from the Commonwealth, or any of its subdivisions. The intent of this law is to prevent the retiree from earning more from the Commonwealth than what they originally were earning as an employee.

Simply stated, if a retiree is re-employed in the service of the Commonwealth, or any of its counties, cities, or municipalities, his/her earnings for the first calendar year when added to the retirement allowance, cannot exceed the salary currently being paid for the position from which he/she retired. Thereafter, you cannot earn more than the difference between your exit base salary and your pension plus \$15,000 in a calendar year. Further the re-employment is limited to a period of up to 960 hours in aggregate, in any calendar year.

For example, if you retired from your position with an allowance of \$35,000, and that position currently pays \$55,000 then you may not earn more than \$20,000 and/or work more than 960 hours in the service of the Commonwealth in a calendar year.

If you work for a public entity of the State of Massachusetts, you must keep track of your hours and excess earnings. You are required to certify to your public employer the number of hours you have worked in a calendar year along with your earnings (Ch32, Sec 91 (c)). Please be aware that this provision also applies to Police Details.

If you have any questions regarding this section of chapter 32, please contact the retirement office at (413) 774-4837 for clarification.

By signing this document you are acknowledging the receipt of M.G.L. chapter 32 sec. 91 (b) & (c), and confirming that you understand the provision of the law.

\_\_\_\_\_  
Signature of Retiree

\_\_\_\_\_  
Date

**Massachusetts General Law, Chapter Thirty Two, Section 91**

**Section 91(b)** In addition to and notwithstanding the foregoing provisions of this section or similar provisions of any special law, any person who has been retired and who is receiving a pension or retirement allowance, under the provisions of this chapter or any other general or special law, from the commonwealth, county, city, town, district or authority, or any person whose employment, in the service of the commonwealth, county, city, town, district or authority, has been terminated, under the provisions of this chapter or any other general or special law, by reason of having attained an age specified in said general or special law or by the rules and regulations of any department or agency of the commonwealth, county, city, town, district or authority without being entitled to any pension or retirement allowance, may, subject to all laws, rules and regulations, governing the employment of persons in the commonwealth, county, city, town, district or authority, be employed in the service of the commonwealth, county, city, town, district or authority, including as a consultant or independent contractor or as a person whose regular duties require that his time be devoted to the service of the commonwealth, county, city, town, district or authority during regular business hours for not more than nine hundred and sixty hours in the aggregate, in any calendar year; provided that the earnings therefrom when added to any pension or retirement allowance he is receiving do not exceed the salary that is being paid for the position from which he was retired or in which his employment was terminated plus \$15,000; provided however that in the first 12 months immediately following the effective date of retirement, the earnings received by any person when added to any pension or retirement allowance the person is receiving shall not exceed the salary that is being paid for the position from which the person was retired or in which the person's employment was terminated.

(c) Each person referred to in paragraph (b) shall certify to his employer and the treasurer or other person responsible for the payment of the compensation for the position in which he is to be employed, the number of days or hours which he has been employed in any such calendar year and the amount of earnings therefrom, and if the number of hours exceeds nine hundred and sixty, in the aggregate, he shall not be employed, or if the earnings therefrom exceed the amount allowable under paragraph (b), he shall return to the appropriate treasurer or other person responsible for the payment of compensation all such earnings as are in excess of said allowable amount. The amount of any excess not so returned may be recovered in an action of contract by the appropriate treasurer or other person responsible for the payment of the compensation of any such person.



# **Frequently Asked Questions**

## **Post Retirement Earnings**

**for MA retirees working for a governmental unit**

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**1.**

**I retired from the Commonwealth of MA; can I take employment with any city, town or other MA governmental employer?**

Yes, but there are two strict limitations on further public employment in the Commonwealth following your retirement from a public service position. You will be limited to 960 hours in a calendar year and also your earnings will be limited during the calendar year. It applies to any public employment, regardless of whether or not it occurs in the same governmental unit from which the employee retired.

---

**2.**

**I retired this past June, what can I earn in a calendar year from a public employer after retirement?**

Your public employment earnings for the period of post-retirement employment in any calendar year, when added to your retirement allowance, cannot be greater than the salary currently being paid for the position from which you retired plus \$15,000. However, the additional \$15,000 is not applied in the calculation for the first full calendar year following the retirement date but each calendar year thereafter.

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**3.**

**What happens if I reach 960 hours during a calendar year but I have not reached my earnings limit?**

Your public employment must cease when either limitation is reached for the remainder of the calendar year.

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**4.**

**Is this based on calendar year, fiscal year, or school year?**

The earnings and hourly limits on post-retirement public employment, MGL c.32, §91(b), are based on a calendar year period, January – December.

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**5.**

**Who will keep track of the hours and earnings amount?**

The responsibility of monitoring both the hours and the earnings amount lays with you the member and your employer.

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**6.**

**How do I find out the current salary, and what should be included in that amount?**

You must contact your former employer; from where you retired from to find out what your salary would be had you remained in service. Any compensation that was considered pensionable at retirement, such as longevity and education incentives, should be included in the current salary amount.

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**7.**

**I work for more than one public employer, can I work 960 hours for each?**

No. All hours and earnings must be added together from all MA governmental units worked. Cumulatively they cannot exceed the 960 hours or earnings limits.

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**8.**

**Does my "retirement allowance" used in calculating my earnings limit include my annuity as well as my pension portion of my annual benefit?**

Yes, the "retirement allowance" used in calculating your earnings limit does include both your annuity amount as well as your pension portion of the annual benefit.

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**9.**

**I pay child support and my ex-spouse receives a portion of my retirement allowance, does that get included in the calculation of what I can earn?**

Yes, the gross retirement allowance is the figure used.

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**10.**

**What if the position that I retired from no longer exists?**

General normal increases will be added to the last paid salary that you received at the date of retirement.

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**11.**

**I retired and my employer privatized my position and I am now serving in such capacity as a private consultant or independent contractor; am I subject to these limitations?**

Yes, you are subject to public employment earnings limits. It is irrelevant whether an employee-retiree chooses to classify him or herself as a "consultant" or "independent contractor" — the earnings limitations still apply if in fact the nature of the relationship is as an employee.

This issue is case specific, please contact PERAC directly for more guidance.

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**12.**

**I am a surviving beneficiary of a public retiree, am I subject to public employment earning limits?**

No, public employer earning limitations apply only to retirees, not survivors or beneficiaries.

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**13.**

**I am a disabled retiree; can I add the additional \$15,000 to my earnings limit for public employment?**

No, you may only add an additional \$5,000 to your total annual earnings from either public or private employment because of a separate legal limitation applied to all disabled retirees.

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**14.**

**I retired on December 3, 2010 from state government and since then have started my own engineering company and act as a consultant and independent contractor for the state and some municipalities. Am I subject to the public sector earning limits?**

Yes, for persons who retire after July 1, 2009, earnings as a consultant or an independent contractor are limited. A retiree may not avoid the limitations by forming a company if the primary reason for the formation is to avoid the limitations.

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**15.**

**Is there any public sector re-employment that is not affected by these limitations?**

Yes, you may:

- be paid for jury duty;
- be paid for services as an election officer;
- hold certain paid appointive positions; and,
- certain emergency employment may be authorized.

In addition, you may be elected to office by a direct vote of the people following your retirement, and be paid for the same without limitation; provided the position from which you retired was not the same elective office. If the position from which you retired was the same elective office, then the earnings limitations will apply to you unless at least one year has passed from the last day you held said public office and the commencement of your post-retirement elective office.

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**16.**

**I am a retired police officer and do “private details” for the town, the compensation for these details are from fees collected from private companies. Am I subject to these limitations?**

Earnings for “details” which are paid by city or town payroll are included in these limitations, regardless of whether the city or town ultimately bills a private entity for the work.

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**17.**

**I was a member of a retirement system for 25 years when my public employer outsourced my job to a private company and I continued to work full-time for the new company performing the same duties and responsibilities. After serving 8 years with this company I may want to take my public retirement. Would I be subject to the earnings and hours limit if I decided to take my retirement benefit?**

Yes, persons who retire after July 1, 2009, and whose earnings are derived from duties that require service to a public entity during regular business hours, are subject to the earnings and the 960 hourly limit.