



# 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 or 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:** Franklin Regional

**Address:** 101 Munson Street, Suite 108

**City/Town:** Greenfield

**Zip Code:** 01301

**Telephone:** (413) 774-4837

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

- Are you a veteran?

☐ YES ☐ NOIf **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 ☐ NOIf **YES**, please provide documentation.

- Have you engaged in the practice of shift substitution on or after October 26, 2011?

☐ YES ☐ NOIf 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 ☐ NOIf **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>	Franklin Regional		
<b>Address:</b>	101 Munson Street, Suite 108		
<b>City/Town:</b>	Greenfield	<b>Zip Code:</b>	01301
<b>Telephone:</b>	(413) 774-4837	<b>Fax:</b>	

## Member's Information:

		***_**_
<b>Member's Last Name</b>	<b>Member's First Name</b>	<b>Social Security # (last four)</b>
<b>Street Address:</b>		
<b>City/Town:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Email:</b>		
<b>Phone:</b>		

## 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:				
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:				
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.

0%

## 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:

# FRANKLIN REGIONAL RETIREMENT SYSTEM

101 MUNSON STREET, SUITE 108 GREENFIELD, MASSACHUSETTS 01301

telephone: 413-774-4837

[www.FRRSMA.com](http://www.FRRSMA.com)

email: general.frrsma@gmail.com

## 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, \_\_\_\_\_ hereby provide to the Franklin Regional Retirement System the necessary information to make a direct deposit credit entry for any amounts owing to me to the below named bank(s) and indicated account(s). **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 30th if the 30th falls on a weekend or holiday.**

### First Account Information

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

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

Name(s) of owners on account: \_\_\_\_\_

Please note that the FRRS Board requires for your protection that you are an owner of the above account.

Please check one:

Checking

☐

Savings

☐

Amount \_\_\_\_\_

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

### Second Account Information (Sorry – the limit is 2 accounts)

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

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

Name(s) of owners on account: \_\_\_\_\_

Please note that the FRRS Board requires for your protection that you are an owner of the above account.

Please check one:

Checking

☐

Savings

☐

Amount \_\_\_\_\_

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: \_\_\_\_\_

**Withholding Certificate  
for Periodic Pension or Annuity Payments**

Give Form W-4P to the payer of your pension or annuity payments.

**2025****Step 1:  
Enter  
Personal  
Information**

(a) First name and middle initial

Last name

(b) Social security number

Address

City or town, state, and ZIP code

(c) ☐ Single or Married filing separately☐ Married filing jointly or Qualifying surviving spouse☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See pages 2 and 3 for more information on each step, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and how to elect to have no federal income tax withheld (if permitted).

**Step 2:  
Income  
From a Job  
and/or  
Multiple  
Pensions/  
Annuities  
(Including a  
Spouse's  
Job/  
Pension/  
Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$

**TIP:** To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

**Complete Steps 3–4(b)** on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

**Step 3:  
Claim  
Dependent  
and Other  
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 . . . \$

Add other credits, such as foreign tax credit and education tax credits \$

Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . **3** \$**Step 4  
(optional):  
Other  
Adjustments**

(a) **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . **4(a)** \$

(b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld from **each payment** . **4(c)** \$

**Step 5:****Sign  
Here**

Your signature (This form is not valid unless you sign it.)

Date

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**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.** Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Choosing not to have income tax withheld.** You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

**Caution:** 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. If your tax situation changes, or you choose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

**TIP:** Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

**Example 1.** Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), then they will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). They will make no entries in Step 4(a) on this Form W-4P.

**Example 2.** Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then they will enter \$1,000 in Step 4(a) of this Form W-4P.

**Example 3.** Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, they won't enter that amount on this Form W-4P because they entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

**Example 4.** Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), they will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). They will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



**Multiple sources of pensions/annuities or jobs.** If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, 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 social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible

Specific Instructions *(continued)*

in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than

the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

**Note:** If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



1

Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may 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 . . . . .

1

\$

2

Enter: 

• \$30,000 if you're married filing jointly or a qualifying surviving spouse

• \$22,500 if you're head of household

• \$15,000 if you're single or married filing separately

 . . . . .

2

\$

3

If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "0-". . . . .

3

\$

4

If line 3 equals zero, and you (or your spouse) are 65 or older, enter:

• \$2,000 if you're single or head of household.

• \$1,600 if you're married filing separately.

• \$1,600 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65.

• \$3,200 if you're married filing jointly and both of you are age 65 or older.

Otherwise, enter "0-". See Pub. 505 for more information . . . . .

4

\$

5

Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . .

5

\$

6

**Add** lines 3 through 5. Enter the result here and in **Step 4(b)** on Form W-4P . . . . .

6

\$

**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 pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change 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). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing 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 territories 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.

Sandra Hanks  
Board Chair

Angel Bragdon  
Council Member

Gabriele H. Voelker  
Elected Member

## FRANKLIN REGIONAL RETIREMENT SYSTEM

101 MUNSON STREET, SUITE 108  
GREENFIELD, MASSACHUSETTS 01301-3230

Paul Mokrzecki  
Vice Chair

Mary Stokarski  
Elected Member

Kristine Mathis  
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 requirements for the calendar year are as follows. Earnings must not exceed either the current salary that is being paid for the position from which he/she retired from, or the salary upon which the retirement allowance is based, whichever is greater. Further the re-employment is limited to a period of up to 1,200 hours in aggregate, in any calendar year.

For example, if you retired from your position that currently pays \$55,000 and your average salary upon retirement was \$50,000 then you would use \$55,000 as your max earnings. You may not earn more than \$55,000 less your gross annual pension and/or work more than 1,200 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.

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Signature of Retiree

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Date



**FRANKLIN REGIONAL RETIREMENT SYSTEM**

101 MUNSON STREET, SUITE 108  
GREENFIELD, MASSACHUSETTS 01301-3230

**AUTHORIZATION FOR PAYMENT OF  
INSURANCE PREMIUMS**

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

\_\_\_\_\_ (employer name)

and arrangements have been made for the continued health, life, or dental 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, or dental 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

\*MGL 32§19a limits what can be withheld by the retirement system and thus does not include other insurances such as cancer, or disability.

Telephone: 413-774-4837

www.FRRSMA.com

e-mail: [General.frrsma@gmail.com](mailto:General.frrsma@gmail.com)

## **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 1,200 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 1,200, 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 working 1,200 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.

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**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 1,200 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, M.G.L. 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 (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 1,200 hours for each?**

No. All hours and earnings must be added together from all MA governmental units worked. Cumulatively, they cannot exceed the 1,200 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 themselves 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?**

If you are receiving disability retirement benefits, you may add the additional \$15,000 right away. There is no waiting period. However, your total annual earnings limitations apply to both 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, cannot exceed the 1,200 hours or earnings limits.