



The TOWN OF NORWOOD

Commonwealth of Massachusetts

RETIREMENT BOARD

THE CONTRIBUTORY RETIREMENT SYSTEM

NOTICE OF NORWOOD RETIREMENT BOARD MEETING AND AGENDA WEDNESDAY, JANUARY 20, 2021 @ 9:00 AM

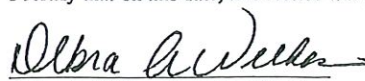
In accordance with the provisions of Chapter 30A, ss 20(b) of the General Laws, notice is hereby given that a Norwood Retirement Board Meeting will be held at 566 Washington Street, Norwood, MA AND REMOTELY AT GO TO MEETING

EDMUND W. MULVEHILL JR., *Chairperson*
THOMAS J. MCQUAID, *Ex-Officio Member*
THOMAS F. O'TOOLE, *Elected Member*
EILEEN P. HICKEY, *Elected Member*
THOMAS A. RORRIE, *Appointed Member*
DEBRA A. WILKES, *Executive Director*

CALL 1-224-501-3412 ENTER ACCESS CODE 650-214-061

1. Minutes of December 20, 2020
2. Needed for payrolls: Cont. \$1,150,000.00
3. Unfinished business:
 - a. Software - ongoing work and updating with respect to MUNIS and conversion
 - b. Actuarial Val - PERAC Approved Funding Schedule and provided FY22 Appropriation
 - c. Mandatory Education - Ongoing
 - d. Rotation of Chairperson - Discussion in January 2021
 - e. Board Members - Eileen Hickey's term expires 10/15/2022
Tom O'Toole's term expires 12/01/2023
Ted Mulvehill appointed by Selectmen no term limit on April 15, 2008.
Fifth Member - Thom Rorrie's term expires 09/03/2022
 - f. Board Attendance - provide attendance record to board each month for audit purposes
 - g. Membership - ongoing review
 - h. Budget - Tabled
 - i. Office Staff - Tabled
4. Approval of Vouchers Warrant #INV01
5. Applications for Superannuation:
 - a. Jean Williams - 02/09/2021 Opt A
 - b. April Cushing - 01/29/2021 Opt B
 - c. Nicholas Bader - 01/04/2021 Opt B
6. Application for Accidental Death Benefits - Margaret Raymond widow and survivor of Dean Raymond
7. PERAC Memos
 - a. PERAC Memo #1 - Annual Review of Medical Testing Fee
 - b. PERAC Memo #2- 2021 Limits under Chapter 46 Acts of 2002
 - c. PERAC Memo #3- 2021 Limits under Sec 23 of Chapter 131 Acts of 2010
 - d. PERAC Memo #4 - COLA Notice
8. Office Space Lease Add and addendum per Attorney Gibson and have the HVAC system Examined. Also, have the Director work on securing a \$1M insurance Policy for the office premises and contents. Vote on signing the Lease
9. Any and All Other Business That May Properly Come Before the Board

I certify that on this date, this Notice was posted as "Norwood Retirement Board Meeting" at www.norwoodma.gov


Debra A. Wilkes, Executive Director

January 13, 2021
Date
RECEIVED
TOWN OF NORWOOD
JAN 13 2021

MEMORANDUM

TO: Norwood Retirement Board

FROM: John W. Parsons, Esq., Executive Director

RE: Approval of Funding Schedule

DATE: December 10, 2020



This Commission is hereby furnishing you with approval of the revised funding schedule the Board recently adopted (copy enclosed). The schedule is effective in FY21 (since the amount under the prior schedule was maintained in FY21) and is acceptable under Chapter 32.

The System reduced the investment return assumption from 7.75% to 7.60%. We have generally recommended an assumption between 6.90% and 7.15% for our 2020 local system valuations. For comparison, there are currently 65 systems using an assumption of 7.25% or below. An additional 25 systems use an assumption of 7.30% - 7.50%. The 7.60% assumption is at the high end of PERAC's reasonable range of investment return assumptions as of January 1, 2020.

The System continued to maintain the fully generational mortality assumption adopted in 2016. That assumption is based on an experience study performed by your actuary. The mortality assumption we use for other local systems is based on our analysis of State retirees and reflects longer life expectancy than the assumption you adopted. Your actuarial valuation also reflects the adoption of other demographic assumptions based on the experience study. We have not performed a recent experience analysis for local systems to compare our findings with the results of your actuary's study, although we completed a study of retiree mortality for local systems in 2019. Your assumptions are less conservative than the current standard PERAC assumption set, which we continue to believe is reasonable.

In our four prior approval memorandums, we indicated that we had concerns about the salary increase assumption. Once again, this valuation used a salary increase assumption of 3.0%. We expect over the long term that this assumption will need to be increased (and/or the investment return assumption decreased) which will increase plan liabilities.

If you have any questions, please contact PERAC's Actuary, John Boorack, at (617) 666-4446, extension 935.

JWP/jfb

P:\actuarial\APPROP\Approp21\norwood approval.docx

Enc.



Appropriation Forecast

Fiscal Year	Employee Contribution	Employer Normal Cost with Interest	Amortization Payments with Interest	Employer Total Cost with Interest	Employer Total Cost % of Payroll	Unfunded Accrued Liability	Funded Ratio %**
2021	\$3,228,904	\$816,965	\$4,654,245	\$5,471,210	14.9	\$47,224,704	78.2
2022	\$3,395,013	\$810,959	\$5,190,770	\$6,001,729	15.7	\$45,721,583	80.7
2023	\$3,569,245	\$803,166	\$5,399,379	\$6,202,545	15.6	\$43,859,290	83.1
2024	\$3,751,984	\$793,451	\$5,616,376	\$6,409,827	15.5	\$41,640,971	85.3
2025	\$3,943,630	\$781,675	\$5,842,099	\$6,623,774	15.4	\$39,030,945	87.4
2026	\$4,144,605	\$767,687	\$6,076,899	\$6,844,586	15.3	\$35,990,469	89.3
2027	\$4,355,349	\$751,329	\$6,321,142	\$7,072,471	15.2	\$32,477,496	91.2
2028	\$4,576,320	\$732,434	\$6,575,206	\$7,307,640	15.1	\$28,446,409	92.9
2029	\$4,808,001	\$710,826	\$6,573,260	\$7,284,086	14.4	\$23,847,731	94.5
2030	\$5,050,894	\$686,316	\$6,836,190	\$7,522,506	14.3	\$18,901,463	96.0
2031	\$5,305,526	\$658,709	\$7,109,638	\$7,768,347	14.2	\$13,308,931	97.4
2032	\$5,572,446	\$627,796	\$7,338,603	\$7,966,399	14.0	\$7,010,205	98.8
2033	\$5,852,232	\$593,355	\$0	\$593,355	1.0	(\$0)	100.0
2034	\$6,145,484	\$555,154	\$0	\$555,154	0.9	(\$0)	100.0
2035	\$6,452,834	\$512,948	\$0	\$512,948	0.8	(\$0)	100.0
2036	\$6,774,938	\$466,477	\$0	\$466,477	0.7	(\$0)	100.0
2037	\$7,112,486	\$415,468	\$0	\$415,468	0.6	(\$0)	100.0
2038	\$7,466,198	\$359,632	\$0	\$359,632	0.5	(\$0)	100.0
2039	\$7,836,827	\$298,664	\$0	\$298,664	0.4	\$0	100.0
2040	\$8,150,300	\$310,611	\$0	\$310,611	0.4	\$0	100.0
2041	\$8,476,312	\$323,035	\$0	\$323,035	0.4	\$0	100.0
2042	\$8,815,365	\$335,957	\$0	\$335,957	0.4	\$0	100.0
2043	\$9,167,979	\$349,395	\$0	\$349,395	0.4	\$0	100.0
2044	\$9,534,698	\$363,371	\$0	\$363,371	0.4	\$0	100.0
2045	\$9,916,086	\$377,906	\$0	\$377,906	0.4	\$0	100.0
2046	\$10,312,730	\$393,022	\$0	\$393,022	0.4	\$0	100.0
2047	\$10,725,239	\$408,743	\$0	\$408,743	0.4	\$0	100.0
2048	\$11,154,249	\$425,092	\$0	\$425,092	0.4	\$0	100.0
2049	\$11,600,419	\$442,096	\$0	\$442,096	0.4	\$0	100.0
2050	\$12,064,435	\$459,780	\$0	\$459,780	0.4	\$0	100.0
2051	\$12,547,013	\$478,171	\$0	\$478,171	0.4	\$0	100.0
2052	\$13,048,893	\$497,298	\$0	\$497,298	0.4	\$0	100.0

** Beginning of Fiscal Year

PERAC

COMMONWEALTH OF MASSACHUSETTS | PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION

PHILIP Y. BROWN, ESQ., *Chairman*

JOHN W. PARSONS, ESQ., *Executive Director*

Auditor SUZANNE M. BUMP | KATHLEEN M. FALLON | KATE FITZPATRICK | JAMES M. MACHADO | ROBERT B. MCCARTHY | JENNIFER F. SULLIVAN

MEMORANDUM

TO: Norwood Retirement Board
FROM: John W. Parsons, Esq., Executive Director
RE: Appropriation for Fiscal Year 2022
DATE: December 10, 2020

Required Fiscal Year 2022 Appropriation: **\$6,001,729**

This Commission is hereby furnishing you with the amount to be appropriated for your retirement system for Fiscal Year 2022 which commences July 1, 2021.

Attached please find summary information based on the present funding schedule for your system and the portion of the Fiscal Year 2022 appropriation to be paid by each of the governmental units within your system.

The current schedule is due to be updated by Fiscal Year 2023.

If you have any questions, please contact PERAC's Actuary, John Boorack, at (617) 666-4446 Extension 935.

JWP/jfb
Attachments

cc: Board of Selectmen
Town Meeting
c/o Town Clerk

p:\actuarial\approp\approp22\fy22 for web\norwood approp 22.docx



Norwood Retirement Board

Projected Appropriations

Fiscal Year 2022 - July 1, 2021 to June 30, 2022

Aggregate amount of appropriation: **\$6,001,729**

Fiscal Year	Estimated Cost of Benefits	Funding Schedule (Excluding ERI)	ERI	Total Appropriation	Pension Fund Allocation	Pension Reserve Fund Allocation	Transfer From PRF to PF
FY 2022	\$11,618,624	\$5,806,693	\$195,036	\$6,001,729	\$6,001,729	\$0	\$5,616,895
FY 2023	\$12,174,457	\$5,998,732	\$203,813	\$6,202,545	\$6,202,545	\$0	\$5,971,912
FY 2024	\$12,756,746	\$6,196,843	\$212,984	\$6,409,827	\$6,409,827	\$0	\$6,346,919
FY 2025	\$13,366,751	\$6,401,206	\$222,568	\$6,623,774	\$6,623,774	\$0	\$6,742,977
FY 2026	\$14,005,790	\$6,612,002	\$232,584	\$6,844,586	\$6,844,586	\$0	\$7,161,204

The Total Appropriation column shown above is in accordance with your current funding schedule and the scheduled payment date(s) in that schedule. Whenever payments are made after the scheduled date(s), the total appropriation should be revised to reflect interest at the rate assumed in the most recent actuarial valuation. Payments should be made before the end of the fiscal year.

For illustration, we have shown the amount to be transferred from the Pension Reserve Fund to the Pension Fund to meet the estimated Cost of Benefits for each year. If there are sufficient assets in the Pension Fund to meet the Cost of Benefits, this transfer is optional.

Norwood Retirement Board
Appropriation by Governmental Unit

Fiscal Year 2022 - July 1, 2021 to June 30, 2022

Aggregate amount of appropriation: **\$6,001,729**

UNIT	Percent of Aggregate Amount	Funding Schedule (excluding ERI)	ERI	Total Appropriation
Town of Norwood Housing Authority	96.89%	\$5,626,105	\$157,786	\$5,783,891
	3.11%	\$180,588	\$37,250	\$217,838
UNIT TOTAL	100%	\$5,806,693	\$195,036	\$6,001,729

The Total Appropriation column shown above is in accordance with your current funding schedule and the scheduled payment date(s) in that schedule. Whenever payments are made after the scheduled date(s), the total appropriation should be revised to reflect interest at the rate assumed in the most recent actuarial valuation. Payments should be made before the end of the fiscal year.



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

2

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board:

NORWOOD

Address:

566 WASHINGTON ST

City/Town:

NORWOOD

Zip Code:

02062

Telephone:

781.762.1240 x6038

Fax:

Member's Present Contact Information:

WILLIAMS

Member's Last Name

JEAN

Member's First Name

***-**-1606

Social Security # (last four)

Street Address:

54 Hazelwood Drive

City/Town:

Norwood

State: MA

Zip Code:

02062

Email:

jeansteve24@gmail.com

Phone:

617 605-3570

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

NORWOOD

Retirement Board:

I respectfully request retirement for superannuation with 18 years and 8 months of creditable service.

My requested retirement date is:

February 9, 2021

Norwood School Department

Agency or Department Retiring From*

Para Professional Aide

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 #

Application for Voluntary Superannuation Retirement

Member Last Name:

WILLIAMS

First Name:

JEAN

SSN:

***-**-1606

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:

Application for Voluntary Superannuation RetirementMember Last Name: **WILLIAMS**First Name: **JEAN**SSN: ***-**-**1606****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 ☒ 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 ☒ 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: **Jean M. Williams**Signature: **Jean M. Williams**Date: **1-6-21****To Be Completed By Witness (should be disinterested party):**Name (Print): **Megan Williams**Street Address: **54 Hazelwood Drive**City/Town: **Norwood**Signature: **Megan Williams**State: **MA** Zip Code: **02062**Date: **1-6-21**



Introduction

Choice of Option at Retirement

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

Form Last Revised: February, 2020

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.

FORM 1-14-0216

Choice of Option at Retirement

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

Form Last Revised: July, 2019

2

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board: NORWOOD
Address: 566 WASHINGTON STREET
City/Town: NORWOOD Zip Code: 02062
Telephone: 781-762-1240 x6038 Fax:

Member's Information:

Member's Last Name: WILLIAMS Member's First Name: JEAN Social Security # (last four): ***-**-1606
Street Address: 54 Hazelwood Drive
City/Town: Norwood State: MA Zip Code: 02062
Email: jeansteve24@gmail.com
Phone: 617 605-3570

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.

2019

Choice of Option at RetirementMember Last Name: **WILLIAMS**First Name: **JEAN**

SSN: ***-**-1606

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.

JAN 14 8:25

Choice of Option at Retirement

4

Member Last Name: **WILLIAMS**First Name: **JEAN**

SSN: ***-**-1606

2. Option A Only Approx \$980.00 gross per month effective 2/9/2020

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, **Jean M. Williams**, 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):	Stephen C. Williams	SSN/EIN*: 00000-6279	100%
Relationship to You:	husband	Date of Birth: 9/15/1956	
Address:	54 Hazelwood Drive Norwood, MA. 02062		
Phone:	617 584-7765		
Full Name: (First, MI, Last):		SSN/EIN*:	
Relationship to You:		Date of Birth:	
Address:			
Full Name: (First, MI, Last):		SSN/EIN*:	
Relationship to You:		Date of Birth:	
Address:			
Full Name: (First, MI, Last):		SSN/EIN*:	
Relationship to You:		Date of Birth:	
Address:			
Full Name: (First, MI, Last):		SSN/EIN*:	
Relationship to You:		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.

0%

JAN 11 AM 8:25

Choice of Option at Retirement

5

Member Last Name: WilliamsFirst Name: JEANSSN: ***-**-1606**3. Option B Only — Beneficiaries** *Approx. \$970⁰⁰ gross per month effective 2/9/2021*

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.

0%

4. Option C Only — Beneficiary *Approx. \$870⁰⁰ gross per month effective 2/9/2021*

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.

\$870⁰⁰ gross per month to retire. At the death of the retiree the beneficiary (spouse) would get 2/3 of that or \$580⁰⁰ per month.

Choice of Option at RetirementMember Last Name: WILLIAMSFirst Name: JEANSSN: ***-**-1606**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 A selected above.Print Name: Jean M. WilliamsSignature: Jean M. WilliamsDate: 1-6-21Social Security # (last four): ***-**-1606**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): Megan WilliamsStreet Address: 54 Hazelwood DriveCity/Town: NorwoodWitness' Signature: Megan WilliamsState: MA Zip Code: 02062Date: 1-6-21

Choice of Option at Retirement

Member Last Name: WILLIAMS

First Name: JEAN

SSN: ***-**-1606

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 STEPHEN WILLIAMS, the spouse of JEAN M. WILLIAMS.
I understand my spouse has selected Option A 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): STEPHEN WILLIAMS

Spouse's Signature: 

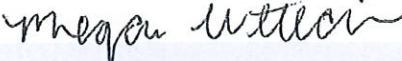
Date: 1-6-21

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

Witness' Name (Print): Megan Williams

Street Address: 54 Hazelwood Drive

City/Town: Norwood

Witness' Signature: 

State: MA Zip Code: 02062

Date: 1-6-21

JAN 11 2021



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

FORM 12-PM-1-20

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

2

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board:

Address:

City/Town:

Telephone:

Zip Code:

Fax:

Norwood

566 Washington St

Norwood

781.762.1240 x6038

02062

Member's Present Contact Information:

Cushing
Member's Last Name

April
Member's First Name

***-**-0406
Social Security # (last four)

Street Address:

City/Town:

Email:

Phone:

29 Hawthorne St

Norwood

aprilcushing@gmail.com

781-290-9647

State:

MA Zip Code: 02062

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

Norwood

Retirement Board:

I respectfully request retirement for superannuation with 16 years and 5 months of creditable service.

My requested retirement date is: Friday Jan. 29

Morrill Memorial Library
Agency or Department Retiring From*

Head of Adult & Information Services
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 #

Application for Voluntary Superannuation Retirement

Member Last Name:

Cushing

First Name:

April

SSN:

***-**-0406

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:

Application for Voluntary Superannuation Retirement

Member Last Name:

Cushing

First Name:

April

SSN:

***-**-0406

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 ☒ 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 ☒ 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:

April A. Cushing

Signature:

April A. Cushing

Date:

1-12-21

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

Name (Print):

Mary O'Brien

Street Address:

566 Washington St.

City/Town:

Newwood

State:

MA

Zip Code:

02062

Signature:

Mary O'Brien

Date:

1/12/2021



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

Introduction

Choice of Option at Retirement

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

Form Last Revised: February, 2020

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

2

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board: NORWOOD
Address: 566 WASHINGTON ST
City/Town: NORWOOD Zip Code: 02062
Telephone: 781-762-1246 X6038 Fax:

Member's Information:

Member's Last Name: CUSHING Member's First Name: APRIL Social Security # (last four): ***-**-0404
Street Address: 29 Hawthorne St
City/Town: Norwood State: MA Zip Code: 02062
Email: Aprilcushing@gmail.com
Phone: 781-290-9647

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.

FORM 12-2019

Choice of Option at Retirement

Member Last Name:

CUSHING

First Name:

APRIL

SSN:

***-**-0404

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.

JUN 12 PM 1:20

Choice of Option at Retirement

Member Last Name:

CUSHING

First Name:

APRIL

SSN:

***-**-0406

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:

			% 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.

0%

JAN 22 2021

Member Last Name: **CUSHING**

First Name: **APRIL**

SSN: ***-**-**0406**

3. Option B Only — Beneficiaries

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

Beneficiary Information:

			SSN/EIN*	Date of Birth	% of Benefit**
Full Name: (First, MI, Last):	Bradford W. Allen	Phone: 617-240-3884	0000-0000-0379	5-28-52	100%
Relationship to You:	Spouse				
Address:	29 Hawthorne St. Norwood MA 02062				
Full Name: (First, MI, Last):	Elizabeth Cushing	Phone: 781-724-0410		2-19-84	25%
Relationship to You:	daughter				
Address:	49 Montvale St. Apt. 2 Roslindale MA 02131				
Full Name: (First, MI, Last):	Abigail Cushing Rishworth	Phone: 617-717-4280		10-15-85	25%
Relationship to You:	daughter				
Address:	345 Harrison Ave Boston MA 02118				
Full Name: (First, MI, Last):	Catherine Cushing Butler	Phone: 781-864-9454		4-23-88	25%
Relationship to You:	daughter				
Address:	3118 Tennyson St. Denver CO 80212				
Full Name: (First, MI, Last):	Anne A. Cushing	Phone: 781-864-9051		8-20-90	25%
Relationship to You:	daughter				
Address:	306 State St. Hudson NY 12534				
					0%

*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.

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.

1:20

Choice of Option at Retirement

Member Last Name: CUSHING

First Name: APRIL

SSN: ***-**-0406

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 **B** selected above.

Print Name:

Signature:

Social Security # (last four):

April A. Cushing
April A. Cushing
***-**-0406

Date: 1-12-21

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:

Witness' Signature:

Mary O'Brien

Mary O'Brien

State:

Zip Code:

Date:

1/21/20

Choice of Option at Retirement

Member Last Name:

Cushing

First Name:

April

SSN:

***-**-0406

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

Bradford Allen

, the spouse of

April Cushing

I understand my spouse has selected Option

B

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):

Bradford W. Allen

Spouse's Signature:



Date:

1.12.21

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

Witness' Name (Print):

Mary O'Brien

Street Address:

566 Washington St.

City/Town:

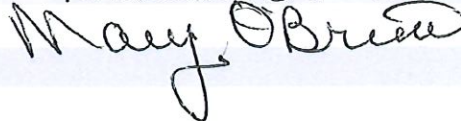
Norwood MA

State:

Zip Code:

02062

Witness' Signature:



Date:

1/12/2021

RECEIVED



Sc

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

2

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board: Norwood

Address: 566 Washington Street

City/Town: Norwood

Telephone: (781) 762-1240

Zip Code: 02062

Fax:

Member's Present Contact Information:

Bader

Nicholas

***-**- 2 4 3 4

Member's Last Name

Member's First Name

Social Security # (last four)

Street Address: 9 ADAMS STREET

City/Town: MILLIS

State: MA **Zip Code:** 02054

Email: nbader93@yahoo.com

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 Norwood

Retirement Board:

I respectfully request retirement for superannuation with 20 years and months of creditable service.

My requested retirement date is: 01/04/2021

Norwood Housing Authority
Agency or Department Retiring From*

#1 MAINTENANCE MECHANIC
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 #

Application for Voluntary Superannuation Retirement

Member Last Name: Bader

First Name: Nicholas

SSN: ***-**-2 4 3 4

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

From:

To:

DATES EMPLOYED

Application for Voluntary Superannuation Retirement

Member Last Name: Bader

First Name: Nicholas

SSN: ***-**-2434

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: NICHOLAS D. BADER

Signature: Nicholas D. Bader

Date: 1/4/2021

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

Name (Print): Susan Gillespie
Street Address: 41 Oakhurst Rd
City/Town: Hopkinton
Signature: Susan Gillespie

State: MA Zip Code: 01748

Date: 1/3/2021



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

Introduction

Choice of Option at Retirement

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

Form Last Revised: February, 2020

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

2

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board: Norwood

Address: 566 Washington Street

City/Town: Norwood

Zip Code: 02062

Telephone: (781) 762-1240

Fax:

Member's Information:

Bader

Nicholas

***-**- 2 4 3 4

Member's Last Name

Member's First Name

Social Security # (last four)

Street Address: 9 ADAMS STREET

City/Town: MILLIS

State: MA **Zip Code:** 02054

Email: nbader93@yahoo.com

Phone: 508-376-0815

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: Bader

First Name: Nicholas

SSN: ***-**-2 4 3 4

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: Bader

First Name: Nicholas

SSN: ***-**-2434

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:

Full Name: (First, MI, Last):

Relationship to You:

Address:

Phone:

SSN/EIN*:

Date of Birth:

% of
Benefit**

Full Name: (First, MI, Last):

Relationship to You:

Address:

Phone:

SSN/EIN*:

Date of Birth:

Full Name: (First, MI, Last):

Relationship to You:

Address:

Phone:

SSN/EIN*:

Date of Birth:

Full Name: (First, MI, Last):

Relationship to You:

Address:

Phone:

SSN/EIN*:

Date of Birth:

Full Name: (First, MI, Last):

Relationship to You:

Address:

Phone:

SSN/EIN*:

Date of Birth:

*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.

0%

Choice of Option at Retirement

5

Member Last Name: Bader

First Name: Nicholas

SSN: ***-**-2434

3. Option B Only — Beneficiaries

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

Beneficiary Information:% of
Benefit**

Full Name: (First, MI, Last):	BARBARA J BADER	SSN/EIN*:	00000-5567
Relationship to You:	WIFE	Phone:	508-333-7169
Address:	9 ADAMS STREET MILLIS MA 02054	Date of Birth:	04-20-1947
Full Name: (First, MI, Last):		SSN/EIN*:	
Relationship to You:		Phone:	
Address:		Date of Birth:	
Full Name: (First, MI, Last):		SSN/EIN*:	
Relationship to You:		Phone:	
Address:		Date of Birth:	
Full Name: (First, MI, Last):		SSN/EIN*:	
Relationship to You:		Phone:	
Address:		Date of Birth:	
Full Name: (First, MI, Last):		SSN/EIN*:	
Relationship to You:		Phone:	
Address:		Date of Birth:	

*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): ***-**-2434

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

Choice of Option at Retirement

Member Last Name: Bader

First Name: Nicholas

SSN: ***-**-2434

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:** NICHOLAS D. BADER**Signature:** Nicholas D. Bader**Date:** 1/4/2021**Social Security # (last four):** ***-**-2434**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):** Susan Gillespie**Street Address:** 41 OAKHURST Rd**City/Town:** Hopkinton**Witness' Signature:** Susan Gillespie**State:** MA **Zip Code:** 01748**Date:** 1/3/2021

Choice of Option at Retirement

Member Last Name: Bader

First Name: Nicholas

SSN: ***-**-2434

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 BARBARA BADER, the spouse of NICHOLAS BADER.
I understand my spouse has selected Option B as the method by which his/her retirement allowance will be paid. This option may not be changed after retirement.

Spouse's SignatureSpouse's Name (Print): BARBARA J BADERSpouse's Signature: Barbara J BaderDate: 01/03/20**To Be Completed By Witness (should be disinterested party):**Witness' Name (Print): Susan GillespieStreet Address: 41 OAKHURST RdCity/Town: HopkintonWitness' Signature: Susan GillespieState: MA Zip Code: 01748Date: 1/3/2021

6

January 11, 2021

Edmund Mulvehill, Jr. Chairman
Norwood Retirement Board

I, Margaret Raymond, as widow and survivor of Dean Raymond, hereby request Accidental Death Benefits under MGL, Chapter 32, section 9.

I have attached a copy of Dean's Death Certificate for review. Please advise if you need anything further.

Thank you,


Margaret B. Raymond

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

PERAC

PERAC Memo # 1 / 2021

7a

COMMONWEALTH OF MASSACHUSETTS | PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION

PHILIP Y. BROWN, ESQ., *Chairman*

JOHN W. PARSONS, ESQ., *Executive Director*

Auditor SUZANNE M. BUMP | KATHLEEN M. FALLON | KATE FITZPATRICK | JAMES M. MACHADO | ROBERT B. McCARTHY | JENNIFER F. SULLIVAN

MEMORANDUM

TO: All Retirement Boards

FROM: John W. Parsons, Esq., Executive Director

RE: 840 CMR 10:10(3) & 10:15(1)(c)—Annual Review of Medical Testing Fee

DATE: January 8, 2021

As you know, 840 CMR 10:10(3) and 10:15(1)(c) states “the medical panel may suggest ‘non-invasive’ medical tests, which the panel considers necessary to render an opinion of the member’s medical condition.” The regulation further states that the “Commission shall assume the cost of any non-invasive test suggested by the medical panel up to an amount that the Commission shall determine annually. This annual determination will be communicated to all retirement boards. No test, the cost of which exceeds the annual amount determined by the Commission, shall be ordered or required by the medical panel without the advance approval of the Commission”.

There are very few instances where reimbursements for medical services ordered by a Regional Medical Panel exceed \$100.00. Medical panel physicians conduct very few medical tests during the examination process. The member’s medical provider generally orders the necessary medical tests during the evaluation and treatment phase, and provides this information to the Regional Medical Panel. The Regional Medical Panel physicians consider the results of these studies as part of the panel examination.

Please be advised at their meeting held November 18, 2020 the Commission voted to continue the past practice of allowing PERAC staff to approve up to \$100.00 per case for non-invasive medical testing associated with the medical panel process.

If you have questions, please contact PERAC’s Disability Unit at 617-666-4446.



PERAC

PERAC MEMO # 2 / 2021

7b

COMMONWEALTH OF MASSACHUSETTS | PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION

PHILIP Y. BROWN, ESQ., *Chairman*

JOHN W. PARSONS, ESQ., *Executive Director*

Auditor SUZANNE M. BUMP | KATHLEEN M. FALLON | KATE FITZPATRICK | JAMES M. MACHADO | ROBERT B. MCCARTHY | JENNIFER F. SULLIVAN

MEMORANDUM

TO: All Retirement Boards

FROM: John W. Parsons, Esq., Executive Director

RE: 2021 Limits under Chapter 46 of the Acts of 2002

DATE: January 8, 2021

Prior PERAC Memos (# 27/2002, # 45/2002, and #17/2003) briefly outlined Chapter 46 of the Acts of 2002. This law brought the Massachusetts Retirement Law into compliance with Federal Limitations on the compensation used to calculate retirement allowances and the dollar amounts of retirement allowances. This provision generally affects only the highest paid employees and will not apply to most retirement system members.

The regulations regarding Section 401(a)(17) (compensation limit) and Section 415 (benefit limit) of the Internal Revenue Code are quite complex and can vary under individual circumstances. The general compensation limit for 2021 is \$290,000. The general benefit limit for 2021 is \$230,000 per year for a member retiring at age 65 although this limit is generally reduced for retirement prior to age 62. These limitations are indexed each year.

Please contact John Boorack if you have any questions.

JWP/jfb

p:\actuarial\general\ch462021.docx



PERAC

PERAC MEMO # 3 / 2021

7c

COMMONWEALTH OF MASSACHUSETTS | PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION

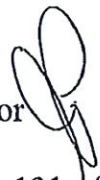
PHILIP Y. BROWN, ESQ., *Chairman*

JOHN W. PARSONS, ESQ., *Executive Director*

Auditor SUZANNE M. BUMP | KATHLEEN M. FALLON | KATE FITZPATRICK | JAMES M. MACHADO | ROBERT B. MCCARTHY | JENNIFER F. SULLIVAN

MEMORANDUM

TO: All Retirement Boards

FROM: John W. Parsons, Esq., Executive Director 

RE: 2021 Limits under Section 23 of Chapter 131 of the Acts of 2010

DATE: January 8, 2021

Pursuant to Section 23 of Chapter 131 of the Acts of 2010, "regular compensation for any person who becomes a member of a retirement system after January 1, 2011 shall not include salary, wages or other compensation in whatever form in any calendar year in excess of 64 per cent (64%) of the annual limitation that may be imposed under federal law on the amount of compensation that may be taken into account when calculating benefits under plans described in 26 U.S.C. 401(a) including, but not limited to, the applicable limits for any calendar year under 26 U.S.C. 401(a)(17)."

For 2021, the general compensation limit found in U.S.C. 401(a)(17) is \$290,000, as outlined in PERAC Memorandum #2/2021. Thus the 2021 limit on regular compensation under G.L. 32 for persons who became members after January 1, 2011 is \$185,600.

Please contact John Boorack if you have any questions.

JWP/jfb

p:\actuarial\general\reg comp limit 2021.docx



7d

MEMORANDUM

TO: All Retirement Boards

FROM: John W. Parsons, Esq., Executive Director

RE: COLA Notice

DATE: January 8, 2021



The Public Employee Retirement Administration Commission (PERAC) is providing this notice regarding the COLA Report required by Chapter 17, Section 8(c) of the Acts of 1997.

Under the statute, PERAC reports to the General Court the computation of the increase in the United States Consumer Price Index in the previous year by the Commissioner of Social Security. Any such increase is based on the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). This index is used annually to adjust benefits paid to Social Security retirees and beneficiaries.

The Social Security Administration has announced that the latest Cost of Living Adjustment (COLA) is 1.3%.

The COLA, which any such system may grant pursuant to Chapter 32, Section 103(c) and effective July 1, 2021, will thus be 1.3%. Pursuant to Section 103(i), a Retirement Board, with proper notice to the legislative body, may elect to increase this percentage up to 3.0%, at a duly called meeting. By statute, this process should be completed prior to June 30, 2021.

Each Retirement Board making a decision whether or not to grant a COLA must notify the Commission of that decision within 30 days.



Lease Agreement

between

Rama Shopping Center, Inc.

and

Town of Norwood Contributory
Retirement System

Contents

ARTICLE I - PREMISES	3
ARTICLE II - TERMS	3
ARTICLE III – UTILITIES / OPERATING EXPENSES.....	6
ARTICLE IV - NEGATIVE COVENANTS.....	6
ARTICLE V - SIGNS	7
ARTICLE VI - PARKING	7
ARTICLE VII - COMPLIANCE WITH LAWS	7
ARTICLE VIII - FIRE INSURANCE	8
ARTICLE IX - NO-SMOKING POLICY.....	8
ARTICLE X - MAINTENANCE OF PREMISES	9
ARTICLE XI - ASSIGNMENT / SUB LEASING	9
ARTICLE XII - SUBORDINATION.....	10
ARTICLE XIII - LANDLORD'S ACCESS.....	10
ARTICLE XIV - TENANT'S LIABILITY INSURANCE.....	10
ARTICLE XV - DAMAGE	11
ARTICLE XVI - DEFAULT AND BANKRUPTCY.....	12
ARTICLE XVII - NOTICE.....	13
ARTICLE XVIII - SURRENDER	13
ARTICLE XIX – TENANT’S RIGHT TO ALTERATIONS	14
ARTICLE XX - SEVERABILITY	14
ARTICLE XXI - CONTACT INFORMATION	15
ARTICLE XXII - SIGNATURES.....	16
SCRATCH FORM	17

This Lease is made on Wednesday (the 2nd of December, in the year Twenty Twenty), by and between Rama Shopping Center, Inc, a Massachusetts corporation, hereinafter referred to as "LANDLORD", and Town of Norwood Contributory Retirement System, hereinafter referred to as "TENANT".

ARTICLE I - PREMISES

LEASED PREMISES AND SHOPPING CENTER: In consideration of the mutual covenants and agreement herein contained, LANDLORD hereby leases to TENANT the premises at 900B Washington Street, situated in the town of Norwood, County of Norfolk, Commonwealth of Massachusetts, consisting of approximately 1,368+/- (One thousand, three hundred sixty-eight) square feet together with all appurtenances and the rights granted with respect to the Common Facilities. The primary purpose for this leasehold is for Town of Norwood Retirement Office.

ARTICLE II - TERMS

The TENANT agrees to pay rent to the LANDLORD at the original address of LANDLORD, or such other place as the LANDLORD may by notice in writing to the TENANT, from time to time, direct, at the following rates and times:

The term of the Lease on said Premises shall commence on 01/01/2021 and terminate on 12/31/2026. TENANT shall have 1 (one) option to extend the term of this lease for a period of 5 (Five) years (such period being hereinafter called the "Extension Period") commencing upon the day after the expiration date of the then original term, provided that TENANT shall not be in default under any of the terms of this Lease, at the time of the exercise of this option, and that TENANT continues to occupy the Premises. If TENANT elects to exercise this option, it shall do so by giving written notice of such election to LANDLORD at any time during the term of this Lease on or before the date which is six (6) months prior to the commencement of the Extension Period.

The TENANT shall pay to the LANDLORD a security deposit in the amount of \$2,850.00 (Twenty Eight hundred Fifty Dollars)

The TENANT shall pay to the LANDLORD, in lawful money of the United States of America, a base rent of \$2508.00 (Twenty Five Hundred and Eight dollars) monthly in the first 12 months of the Initial Term. The rent shall be due in advance and without demand on the first (1st) of each month. Subsequent base monthly rentals shall increase at 2.5% per year on base rent. Taxes shall be added each January 1st of each year based on Town of Norwood yearly assessment. Total Monthly Rent including Taxes for 2021 \$2840.27 (Twenty Eight Hundred Forty dollars Twenty Seven Cents).

In addition to the rent to be paid by the TENANT as above set forth, the TENANT shall also pay to the LANDLORD, allocated as below set forth, the amount of the increase in any tax year, in the local real estate taxes levied on the Center of which the store leased to the TENANT shall be a part, over and above the total tax levied on the Center as a whole for the fiscal tax year 2021. Hereinafter termed the "BASE TAX YEAR", including all parking spaces and service areas. The allocation of any such increase in taxes to the TENANT shall be based on the store floor area of the Leased Premises, as compared with the store floor area of all stores/offices in the Shopping Center, whether or not such other stores be leased to or occupied by TENANTS. Such payment, if any, shall be made by the TENANT in one lump sum, within thirty (30) days after the LANDLORD shall exhibit to the TENANT the paid tax bill, evidencing such increase in taxes and shall furnish the TENANT with a photo static copy thereof. The TENANT shall not be liable for any interest or penalty charges, in any event. If any payment for increase in tax, as hereinabove provided, shall be in force and effect for less than a full tax year, such payment shall be prorated, so that the amount payable to the TENANT (if any) for taxes or increase in taxes for such year shall be based on the actual number of months that said Lease shall be in force and effect during such tax year. The LANDLORD shall, upon request of the TENANT, make and prosecute applications for

abatement of taxes, or shall permit the TENANT to do so in the name of the LANDLORD; provided, however, that the reasonable expenses of prosecuting such applications, including legal fees, shall be borne pro rata by the TENANT and LANDLORD, in accordance with the amount of the abatement respectively applicable to the Premise hereby demised and to the remainder of the Center. If no abatement is received, or if the abatement received is less than the expense incurred in filing and prosecuting the same, then the reasonable expense incurred in excess of the abatement or refund received shall be borne by the party initiating and prosecuting such application for abatement or requesting that it be done. In the event that the LANDLORD shall receive any abatement or refund of the taxes for any tax year for which the TENANT shall have paid to the LANDLORD any amount for the increase in taxes, the TENANT shall be entitled to receive from the LANDLORD the portion thereof properly allocable to the demised premises, but not in excess of the amount paid by the TENANT for such increase, less, however, a pro rata share of the reasonable expense to the LANDLORD to obtain such abatement. If in any tax year the real estate taxes levied in the Center shall be less, either originally or after an abatement, then the tax levied thereon for the base tax year, then the TENANT shall be entitled to receive a pro rata share of such decrease, based on its store floor area as compared with the store floor area of all the stores in the Center, whether or not such other stores be leased to or occupied by the TENANTS, less, however, a pro rata share of the expense to the LANDLORD (if any) to obtain such decrease. If applicable, the tax for the base tax year shall be readjusted by adding thereto the tax levied in the first year after construction upon any building or addition constructed after such base tax year, or by subtracting there from the portion of the building removed after such base tax year.

TENANT'S obligation to pay any rent that is accrued and outstanding as of the expiration or termination of this Lease shall survive the termination or expiration of this Lease.

ARTICLE III – UTILITIES / OPERATING EXPENSES

TENANT shall be responsible for and pay for all utilities provided to the leased premises and assessed by virtue of TENANT'S use and occupancy of the leased premises, including any required hook-up charges, as of the commencement of current lease. TENANT shall place all such utility accounts in its own name where possible and shall make timely payment for all such utility services provided. In the event any utility service provided to the leased premises is on a common meter or sub-meter from a common meter with other units within the leased premises, LANDLORD shall pay the full invoice as provided by the service utility. LANDLORD shall then forward from time to time, TENANT'S cumulative share of such utility as determined by LANDLORD within 30 (thirty) days of receipt of LANDLORD's invoice. LANDLORD'S good faith calculations in this regard shall be available for TENANT review and final and binding upon TENANT.

TENANT is responsible for their pro rata share of snow removal, based on the store floor area of all stores in the Shopping Center. The removal of snow and ice from the sidewalks bordering upon the Leased Premises shall be the LANDLORD'S responsibility.

TENANT must maintain and service their own heat and air conditioning unit and change their own filters, as well as repairing the unit, if necessary, if it becomes in disrepair.

ARTICLE IV - NEGATIVE COVENANTS

TENANT agrees not to use the Leased Premises for the retail selling of any item or service which is substantially similar to a pre-existing TENANT of the LANDLORD without specific consent of the LANDLORD. Specifically prohibited retail items include but are not limited to (i) any type of alcoholic beverage (beer, wine, liquor), (ii) any type of gambling or gaming tickets of chance, any type of lottery ticket sales ("scratch tickets", "numbers", "instant"), nail/hair salon.

ARTICLE V - SIGNS

Following LANDLORD'S consent, TENANT shall have the right to place on the leased premises, at locations selected by TENANT, any sign which are permitted by applicable zoning ordinances and private restrictions. LANDLORD may refuse consent to any proposed signage that is in the LANDLORD'S opinion too large, deceptive, unattractive or otherwise inconsistent with or inappropriate to the leased premise or use of any other TENANT. LANDLORD shall assist and cooperate with the TENANT in obtaining any necessary permission from government authorities or adjoining owners and occupants for TENANT to place or construct the foregoing signs. TENANT shall repair all damage to the leased premises resulting from the removal of signs installed by TENANT.

ARTICLE VI - PARKING

During the term of the lease, TENANT shall have the non-exclusive use in common with LANDLORD, other TENANTS of the building, their guests and invitees, of the non-reserved common automobile parking areas, driveways, and footways, subject to the rules and regulations for the user thereof as prescribed from time to time by LANDLORD. LANDLORD reserves the right to designate parking areas within the building or in reasonable proximity thereto, for TENANT and TENANT agents and employees.

ARTICLE VII - COMPLIANCE WITH LAWS

The TENANT acknowledges that no trade or occupation shall be conducted in the Leased Premises, or use made thereof, which will be unlawful, improper, noisy, or offensive, or contrary to any law or any municipal by-law or ordinance in force in the Town in which the premises are situated.

ARTICLE VIII - FIRE INSURANCE

The TENANT shall not permit any use of the Leased Premises, which will make voidable any insurance on the property of which the Leased Premises are a part, or on the contents of said property of which shall be contrary to any law or regulation from time to time established by the New England Fire Insurance Rating Association, or any similar body succeeding to its power. The TENANT shall, on demand reimburse the LANDLORD, and all other TENANTS, all extra insurance premiums caused by the TENANT'S use of the Premises. In the event that the LANDLORD'S insurance premium increases as a result of TENANT'S type of business, TENANT hereby agrees to pay, as additional rent, the amount of the difference.

ARTICLE IX - NO-SMOKING POLICY

LANDLORD promotes a No-Smoking Policy on premises. TENANT, or TENANT's family or guests shall not smoke on premises. This includes smoking cigarettes, cigars, pipes or any other smoking device. This policy is in effect to mitigate: (i) the irritation and known health effects of secondhand smoke; (ii) the increased maintenance, cleaning, and redecorating costs from smoking; and (iii) the increased risk of fire from smoking. TENANT acknowledges that TENANT's adoption of a no smoking policy does not make the LANDLORD the guarantor of the TENANT's health or of the smoke-free condition of the premises. If smoking does occur on the premises: (i) TENANT will be responsible for all damage caused by the smoking including, but not limited to, stains, burns, odors, and removal of debris; (ii) TENANT will be considered to be in breach of this lease; and (iii) TENANT, TENANT's family or guests, and all others may be required to leave the premises. Such actions and other necessary steps will impact the return of any security deposit.

ARTICLE X - MAINTENANCE OF PREMISES

The TENANT agrees to maintain the interior, non-structural portions of the Leased Premises in the same condition as they are at the commencement of the term, or as they may be put in during the term of the Lease, reasonable wear and tear, damage by fire and other casualty only excepted, and whenever necessary, to replace plate glass and other glass therein damaged by fire or other casualty excepted, acknowledging that the Leased Premises are now in good order and the glass whole. The TENANT shall obtain written consent of LANDLORD before erecting any sign on the Premises, which permission shall not be unreasonably withheld. LANDLORD shall maintain the structural and exterior portions of the Leased Premises in good and tenantable condition.

The TENANT agrees to maintain in responsible companies qualified to do business in the state in which the Premises are located and in good standing therein plate glass insurance, covering all exterior plate glass in the Leases Premises and fire insurance with such extended coverage endorsements as the LANDLORD may, from time to time, require covering all of the TENANT'S fixture, furniture, furnishings, floor coverings and equipment in the Leased Premises to the extent of at least Eighty (80%) percent of their replacement cost; and to deposit promptly with the LANDLORD certificates for such insurance bearing endorsement that the policies will not be cancelled until after ten (10) days written notice to the LANDLORD.

ARTICLE XI - ASSIGNMENT / SUB LEASING

The TENANT shall not assign or sublet the whole or any part of the Leased Premises without LANDLORD'S prior written consent, which consent shall not be unreasonably withheld or delayed. Notwithstanding such consent, the TENANT shall remain liable to LANDLORD for the payment of all rent and for the full performance of the covenants and conditions of the Lease.

ARTICLE XII - SUBORDINATION

This lease shall be subject and subordinate to any and all bona fide mortgages, deeds of trust, and other instruments in the nature of the mortgage, now or at any time hereafter, a lien or liens on the property of which the Leased Premises are a part, and the TENANT shall, when requested, promptly execute and deliver such written instruments and shall be necessary to show the subordination of the Lease to said mortgages, deeds of trust, or other such instruments in the nature of the mortgage.

ARTICLE XIII - LANDLORD'S ACCESS

TENANT agrees to allow Landlord, or its agents, reasonable access at reasonable times to show the premises to prospective buyers or lenders at any time during the term hereof; or to prospective successor tenants if TENANT'S lease will be expiring within six (6) months. Further, LANDLORD and its agents shall have the right to reasonable access to the leased premises at reasonable times upon no less than twenty-four hours prior notice to ascertain whether the leased premises are in good repair and or to make such repairs or maintenance which LANDLORD may be required to make or feel desirable. The requirement of advance notice shall not apply in situations deemed to be an emergency by the LANDLORD (fire, water leaks, or other situations which may affect or endanger the building or its tenants, etc.).

The TENANT shall save the LANDLORD harmless from all loss and damage occasioned by the negligence of TENANT, their agents and employees, or by any nuisance made or suffered on the Leased Premises, unless loss is caused by the neglect of the LANDLORD.

ARTICLE XIV - TENANT'S LIABILITY INSURANCE

The TENANT shall maintain with respect to the Leased Premises all the property of which the Leased Premises are a part, comprehensive public liability insurance in the amount of One

Million (1,000,000.00) Dollars in responsible companies qualified to do business in Massachusetts and in good standing thereon, insuring the LANDLORD, as well as TENANT, against injury to persons, or damage to property, as provided. The TENANT shall deposit with the LANDLORD certificates for such insurance at, or prior to, the commencement of the term, and thereafter within Thirty (30) days prior to the expiration of any such policies. All such insurance certificates shall provide that such policies shall not be cancelled without at least Ten (10) days' prior written notice to each assured named therein. In the event LANDLORD'S insurance premium increases, as a result of TENANT's type of business, TENANT hereby agrees to pay as additional rent, the amount of that difference.

ARTICLE XV - DAMAGE

Should a substantial portion of the Leased Premises be substantially damaged by fire or other casualty, or should the Leased Premises, or the property of which they are part, be taken by eminent domain, the LANDLORD may elect to terminate this Lease. When such fire, casualty, or taking renders the Leased Premises substantially unsuitable for their intended use, a just and proportionate abatement of rent shall be made, and the TENANT may elect to terminate this Lease if:

(a) The LANDLORD fails to give written notice within Thirty (30) days of intention to restore Leased Premises; or

(b) The LANDLORD fails to restore the Leased Premises to a condition substantially suitable for their intended use within Ninety (90) days of said fire, casualty, or taking.

The LANDLORD reserves, and the TENANT grants the LANDLORD, all rights which the TENANT may have for damages, or injury, to the Leased Premises for any taking by eminent domain, except for damages to the TENANT'S fixtures, property, or equipment.

ARTICLE XVI - DEFAULT AND BANKRUPTCY

In the event that:

(a) The TENANT shall default in the payment of any installment of rent; or other sum herein specified, and such default shall continue for Ten (10) days after written notice thereof; or

(b) The TENANT shall default in the observance, or performance, of any other of the TENANT'S covenants, agreements, or obligations hereunder, and such default shall not be corrected within Thirty (30) days after written notice thereof; or

(c) The TENANT shall be declared bankrupt, or insolvent, according to the law, or in any assignment shall be made of TENANT'S property for the benefit of creditors, then the LANDLORD shall have the right thereafter, while such default continues, to reenter and take complete possession of the Leased Premises, to declare the terms of this Lease ended, and remove the TENANT'S effects, without prejudice to any remedies which might be otherwise used for arrears of rent or other default. The TENANT shall indemnify the LANDLORD against all loss of rent and other payments which the LANDLORD may incur by reason of such termination during the residue of the term. If the TENANT shall default, after reasonable notice thereof, in the observance or performance of any conditions or covenants on TENANT'S part to be observed or performed under, or by virtue of, any of the provisions in any article of this Lease, (d) The LANDLORD, without being under any obligation to do so, and without thereby waiving such default, may remedy such default for the account and the expense of the TENANT. If the LANDLORD makes any expenditures or incurs any obligations for the payment of money in connection therewith, including but not limited to, reasonable attorney's fees in instituting, prosecuting, or defending any action or proceeding, such sum or obligations insured, with interest at the rate of Ten (10%) percent per annum and costs, shall be paid to the LANDLORD by the TENANT as additional rent.

ARTICLE XVII - NOTICE

Any notice from the LANDLORD to the TENANT relating to the Leased Premises, or of the occupancy thereof, shall be deemed duly served, if mailed / couriered to the Leased Premises addressed to the TENANT. Any notice from the TENANT to the LANDLORD relating to the leased Premises, or to the occupancy thereof, shall be deemed duly served, if mailed / couriered to the LANDLORD addressed to the LANDLORD at such address as the LANDLORD may from time to time advise in writing.

Either party may change the Contact addresses by giving written notice to the other party of such change. If a party's address is changed without such written notice, notice may be addressed to a party's last known address. Notice given in accordance with this provision shall be deemed effective on the earlier of (i) actual receipt, or (ii) three calendar days from the date of mailing.

Rent may be mailed or hand-delivered to LANDLORD at current LANDLORD address.

ARTICLE XVIII - SURRENDER

The TENANT shall, at the expiration, or other termination of this Leased, remove all TENANT'S goods and effects from the Leased Premises (including, without hereby limiting the generality of the foregoing, all signs and lettering affixed or painted by the TENANT, either inside or outside the Leased Premises). TENANT shall deliver to the LANDLORD the Leased Premises and all keys, locks thereto, and other fixtures connected therewith, and all alterations and additions made to or upon the Leased Premises, in the same condition as they were at the commencement of the Term, or as they were put in during the Term hereof, reasonable wear and tear and damage by fire or other casualty only excepted. In the event of the TENANT'S failure to remove any of the TENANT'S property from the Premises, LANDLORD is hereby authorized, without liability to TENANT for loss or damage thereto, and at the sole risk of TENANT, to remove and store any of

the property at TENANT'S expense, or retain same under LANDLORD's control, or to sell at public or private sales, without notice, any and all of the property not so removed, and to apply the net proceeds of such sale to the payment of any sum due hereunder, or to destroy such property.

ARTICLE XIX – TENANT’S RIGHT TO ALTERATIONS

Any alterations and/or additions to the Leased Premises shall be done in a good and workmanlike manner, employing good material, and so as to conform to all governmental requirements, at TENANT'S expense.

TENANT may, with prior written approval from LANDLORD, during the existence of the Lease, or any renewal thereof, to make alterations, attach fixtures, install and use electrically- driven buffing equipment and erect additions, structures, or signs in or upon the premises hereby leased (provided such alterations, additions, structures, or signs in or upon the Premises hereby leased, shall not be in contrary to local laws or ordinances, and shall not be detrimental to, or inconsistent with, the rights granted to other TENANTS on the property, or in the building in which said Premises are located), which fixtures, equipment, addition, structures, or signs so placed in or upon, or attached to the said Premises shall be, and remain, the property of the TENANT, and may be removed there from by the TENANT, and the TENANT, if required by the LANDLORD, shall, before the expiration of this Lease, or the expiration of any renewal thereof, restore the premises as to the same condition as that existing at the time of entering upon the same under this Lease, reasonable and ordinary wear and tear and damages by the elements, or by circumstances over which the TENANT has no control.

ARTICLE XX - SEVERABILITY

If any provision of this Agreement or the application thereof shall, for any reason and to any extent, be invalid or unenforceable, neither the remainder of this Agreement nor the application of

the provision to other persons, entities or circumstances shall be affected thereby, but instead shall be enforced to the maximum extent permitted by law.

ARTICLE XXI - CONTACT INFORMATION

TENANT Mailing Address:	
TENANT Email Address:	dwilkes@norwoodma.gov; tmulvehill@norwoodma.gov
TENANT Phone (Home, cell, office)	

LANDLORD Mailing Address:	Rama Shopping Center 900 Washington Street Norwood, MA 02062
LANDLORD Email Address:	builtbycomp@aol.com
LANDLORD Cell Phone	617-212-5258

ARTICLE XXII - SIGNATURES

Witness the execution hereof in triplicate and under seal the day and year first above written.

LANDLORD:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

TENANT:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

WITNESS:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

SCRATCH FORM

Legal Corporate Name	
Lease Signature Date	
Tenant Address	900B Washington Street
Primary Business Purpose	Town of Norwood Office
Lease Commencement Date	1/1/2021
Lease Termination Date	12/31/2026
Lease length	5 year w/5 year option to extend
Security Deposit Amount	\$2850.00
Monthly Rent	\$2840.27
Tax Base Year	2021
First Rent check due date	1/1/2021
Contact Name	
Contact Address	
Contact Email	dwilkes@norwoodma.gov ; tmulvehill@norwoodma.gov
Contact Phone	
Payable to	Rama Shopping Center

FIRST ADDENDUM

With respect to paragraph Article XVI

"Notwithstanding the foregoing, the Landlord, its agents and assigns, and the Tenant understand and agree that the Tenant is a Massachusetts governmental agency and that this lease and all obligations of the Tenant hereunder shall terminate by operation of law as the date the Tenant is abolished, or otherwise subsumed or merged into a regional or state governmental unit, by an Act of the Massachusetts Legislature."

SIGNATURES

LANDLORD:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

TENANT:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

WITNESS:

Printed Name: _____ Title: _____

Signature: _____ Date: _____