



# The TOWN OF NORWOOD

Commonwealth of Massachusetts

## RETIREMENT BOARD

### THE CONTRIBUTORY RETIREMENT SYSTEM

#### NOTICE OF NORWOOD RETIREMENT BOARD MEETING AND AGENDA WEDNESDAY, JUNE 17, 2020 @ 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 BY CALLING


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*

1-872-240-3412 and entering access code 653-605-077

1. Minutes of January 2020 through March 2020
2. Needed for payrolls: Cont. \$1,105,000.00
3. Unfinished business:
  - a. Software - ongoing work and updating to new software conversion
  - b. Actuarial Val - the information has been sent to Dan for year ended 2019
  - 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 12/01/2020  
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. COLA - PERAC Memo provides that Social Security is 1.6% ..notices have been mailed to TM members that COLA will be discussed at the Board Meeting of June 17th
5. Approval of Vouchers Warrant #INV06
6. Application for Superannuation
  - a. Adelia Kennedy Option B April 1, 2020
  - b. William Drummey Option B June 30, 2020
  - c. Victoria Henry, Option B June 30, 2020
  - d. Ronald Maggio, Option C May 31, 2020
  - e. Michael Waters, Option C June 30, 2020
  - f. Brenda Farulla, Option A June 30, 2020
  - g. Jennifer Niden Option C June 30, 2020
7. Office Staff re: discussion of employee staffing with respect To the Building being closed to the public and the Elevator in repairs.
8. Application for ADR re: William Drummey
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](http://www.norwoodma.gov)

  
Debra A. Wilkes, Executive Director

  
Date June 12, 2020

JANUARY 15, 2020

**Meeting:**

A meeting of the Norwood Retirement Board was held on Wednesday, January 15, 2020 at 9:00 AM in the Retirement Board Conference Room, Town Hall.

**Present:**

Edmund W. Mulvehill, Chairman, Eileen P. Hickey, Thomas F. O'Toole, Thomas A. Rorrie, Debra A. Wilkes and John J. Shea. Thomas J. McQuaid participated remotely.

**Minutes:**

The minutes of the meeting held on December 18, 2019 were presented to the Board for review and approval. On motion made and seconded it was voted to accept the minutes as presented. A vote was taken as follows:

Thomas F. O'Toole	YES	Thomas A. Rorrie	YES
Eileen P. Hickey	YES	Thomas J. McQuaid	YES
Edmund W. Mulvehill	YES		

The vote passed unanimously.

**Contributory Retiree Payroll:**

On motion duly made, seconded and unanimously adopted it was voted to transfer the money needed for the Contributory Retiree payroll for January 2020 from the cash holdings with Citizens Bank and Rhumblin. The balance in the Fund was \$177,552,840.00 with cash holdings representing 1,100,738.00

A vote was taken as follows:

Thomas F. O'Toole	YES	Thomas A. Rorrie	YES
Eileen P. Hickey	YES	Thomas J. McQuaid	YES
Edmund W. Mulvehill	YES		

The vote passed unanimously

**Software:**

Ongoing work with conversion.

**Actuarial Valuation:**

Next Valuation would be needed as of January 1, 2020. The Director advised the Board that Dan Sherman will be providing the Valuation services for 1/1/2020.

**Investment Consulting Services:**

The next meeting with Meketa will be Monday, February 10, 2020 at 9AM.

**Mandatory Training:**

The Board continues to monitor its education credits.

**Membership:**

Review of membership continues via payroll.

**Board Member Terms:**

Eileen Hickey's term expires 10/15/2022

Thomas O'Toole's term expires 12/01/2020

Edmund Mulvehill appointed by the Selectmen with no term limit as of April 15, 2008

Thomas A. Rorrie's term expires 09/03/2022

**Board Chairman:**

The first meeting of each year the Board discusses the position of Chairman of the Board. After considerable discussion a motion was made by Eileen Hickey, seconded by Thomas O'Toole to name Edmund W. Mulvehill, Jr as Chairman of the Board for 2020. A vote was taken on the motion as follows:

Thomas O'Toole	YES	Thomas Rorrie	YES
Eileen Hickey	YES	Thomas McQuaid	YES
Edmund Mulvehill	YES		

The motion passed unanimously

**Board Member Attendance:**

The Board acknowledged receipt of the attendance record at Board meetings and voted to file same.

**COLA:**

All eligible retirees received their COLA in their July check.

**APPROVAL OF VOUCHERS:**

A motion was made and seconded to pay the expenses as presented on warrant INV01.

The vote was as follows:

Thomas O'Toole	YES	Thomas Rorrie	YES
Eileen Hickey	YES	Thomas McQuaid	YES
Edmund Mulvehill	YES		

The motion passed unanimously

Thomas McQuaid (Stipend).....	375.00
Thomas F. O'Toole (Stipend).....	375.00
Eileen P. Hickey (Stipend).....	375.00
Edmund W. Mulvehill, Jr. (Stipend).....	375.00
Thomas A. Rorrie (Stipend).....	375.00
Mark Good (Stipend).....	125.00

Extra Space (storage).....	342.00
Shred-It (document removal).....	152.19
Meketa (Dec. Consulting Fee).....	7,725.00
S & P Visions (software maintenance).....	16,800.00
MACRS (dues).....	600.00
Berkshire County (3) (8) (c ) Reimb.....	6,881.18
Plymouth County (3) (8) (c ) Reimb.....	2,395.56
Middlesex County (3)(8) (c ) Reimb.....	6,621.90
Natick Retirement (3)(8) (c ) Reimb.....	7,614.86

Debra Wilkes

p.e. 01/04/20.....	2227.11
p.e. 01/11/20.....	2227.11
p.e. 01/18/20.....	2227.11
p.e. 01/25/20.....	2227.11

John J. Shea

p.e. 01/04/20.....	1436.86
p.e. 01/11/20.....	1436.86
p.e. 01/18/20.....	1436.86
p.e. 01/25/20.....	1436.86



**NEW MEMBERS:**

A motion was made and seconded to accept into membership the following individuals at the rate and group noted.

A vote was taken on the motion as follows:

Thomas O'Toole	YES	Thomas Rorrie	YES
Eileen Hickey	YES	Thomas McQuaid	YES
Edmund Mulvehill	YES		

The motion passed unanimously

<u>NAME</u>	<u>GROUP</u>	<u>%</u>	<u>DEPT</u>
Delvis Baez-Saldana	4	9	Police
Robert E. Christiano	1	9	Traffic

**Accidental Disability:****Leslie LeBlanc:**

The Board acknowledged receipt of the Medical Panel and Certificate in connection with the Accidental Disability application from Leslie LeBlanc. After careful review of all the information, including medical records and reports a motion was made by Thomas J. McQuaid, seconded by Thomas F. O'Toole and unanimously adopted to approve the Accidental Disability Retirement for Leslie LeBlanc and to forward same to PERAC for its review and approval.

**Application for Accidental Disability:****Peter Curran:**

A motion was made by Thomas J. McQuaid, seconded by Thomas F. O'Toole to accept the accidental disability application from Peter Curran and request that PERAC set up a medical panel.

A vote was taken on the motion as follows:

Thomas O'Toole	YES	Thomas Rorrie	YES
Eileen Hickey	YES	Thomas McQuaid	YES
Edmund Mulvehill	YES		

The motion passed unanimously.

**ORDINARY DISABILITY:****PETER SABER:**

The Board reviewed the medical panel report and certificate as well as the members application and medical records. After review a motion was made and seconded to approve Peter Saber for an Ordinary Disability Retirement effective July 13, 2019.

A vote was taken on the motion as follows:

Thomas O'Toole	YES	Thomas Rorrie	YES
Eileen Hickey	YES	Thomas McQuaid	YES
Edmund Mulvehill	YES		

The motion passed unanimously

**APPLICATIONS FOR SUPERANNUATION RETIREMENT:**

A motion was made by Thomas Rorrie, seconded by Eileen Hickey to approve the following applications for Superannuation Retirement.

A vote was taken as follows:

Thomas O'Toole	YES	Thomas Rorrie	YES
Eileen Hickey	YES	Thomas McQuaid	YES
Edmund Mulvehill	YES		

The motion passed unanimously.

<b><u>NAME</u></b>	<b><u>DOR</u></b>	<b><u>OPTION</u></b>	<b><u>DEPT.</u></b>
Karen Regan	1/31/2020	B	Board of Health
Paul Lear	1/01/2020	C	Police
Gerald Mullen	1/07/2020	B	School
Robert Harkins	1/03/2020	C	Police

**RETIREMENT OFFICE SOFTWARE:****PTG:**

The Board met with Stephan from PTG to receive a demonstration of the software and discuss the options available at sign up and what they entail. After considerable discussion a motion was made by Thomas Rorrie, seconded by Eileen Hickey to enter into a contract with PTG effective February 2020 to begin the conversion process and supply the System with the ESS Portal and the Document Management Module as well at the price for the following years:

<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>Year 7</u>
\$18,275	\$19,100	\$20,055	\$21,000	\$22,000	\$23,050	\$24,175

Plus \$6000.00 annually for the additional modules ESS and Document Management.

A vote was taken on the motion as follows:

Thomas O'Toole	YES	Thomas Rorrie	YES
Eileen Hickey	YES	Thomas McQuaid	YES
Edmund Mulvehill	YES		

The motion passed unanimously.

The Director will work with Stephan, PTG, Mark Redlich and Steve Zlamany to begin the process of conversion once a contract is received, review and signed.

Approval of Retiree Payroll for December 2019:

Annuity:	\$ 199,252.03
Dep:	437.47
Lump:	16,833.84
Pension:	<u>899,676.38</u>
TOTAL:	\$1,116,199.72

Thomas McQuaid left remote participation and terminated his call into the meeting at 9:47AM

A motion was made by Thomas Rorrie, seconded by Thomas O'Toole to enter into Executive Session to discuss the excess earnings, medical condition and attorney information on Neil Murphy. A vote was taken as follows to enter into Executive Session:

Thomas O'Toole	YES	Thomas Rorrie	YES
Eileen Hickey	YES	Edmund Mulvehill	YES

The Board discussed the information as submitted by Neil Murphy, PERAC and Attorney Gibson a vote was then taken to exit Executive Session and re-enter the open meeting as follows:

Thomas O'Toole	YES	Thomas Rorrie	YES
Eileen Hickey	YES	Edmund Mulvehill	YES

The Board reaffirmed its vote of December as mandated by PERAC and will await PERAC's notification with respect to Mr. Murphy's ADR on a going forward basis.

Meeting Adjourned:

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Debra A. Wilkes, Secretary, Executive Director

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Edmund W. Mulvehill, Jr, Chairperson

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Thomas J. McQuaid, Ex-Officio Member

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Eileen P. Hickey, Elected Member

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Thomas F. O'Toole, Elected Member

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Thomas A. Rorrie, Appointed Member



**FEBRUARY 10, 2020****Meeting:**

A meeting of the Norwood Retirement Board was held on Wednesday, February 10, 2020 at 9:00 AM in the Retirement Board Conference Room, Town Hall.

**Present:**

Edmund W. Mulvehill, Chairman, Thomas J. McQuaid, Ex-Officio Member, Eileen P. Hickey, Thomas F. O'Toole, Thomas A. Rorrie, and John J. Shea. Dan Dynan and Aneish Arora were present from Meketa.

**Minutes:**

The minutes of the meeting held on January 15, 2020 were presented to the Board for review and approval. On motion made by Eileen P. Hickey, seconded by Thomas A. Rorrie and unanimously adopted it was voted to accept the minutes as presented.

**Contributory Retiree Payroll:**

On motion duly made, seconded and unanimously adopted it was voted to transfer the money needed for the Contributory Retiree payroll for February 2020 from the cash holdings with Citizens Bank and Rhumblin. The balance in the Fund was \$177,305,205.91 with cash holdings representing \$1,727,416.76

**Software:**

Ongoing work with conversion.

**Actuarial Valuation:**

Next Valuation would be needed as of January 1, 2020. The Director advised the Board that Dan Sherman will be providing the Valuation services for 1/1/2020.

**Mandatory Training:**

The Board continues to monitor its education credits.

**Membership:**

Review of membership continues via payroll.

**Board Member Terms:**

Eileen Hickey's term expires 10/15/2022  
 Thomas O'Toole's term expires 12/01/2020  
 Edmund Mulvehill appointed by the Selectmen with no term limit as of April 15, 2008  
 Thomas A. Rorrie's term expires 09/03/2022

**Board Member Attendance:**

The Board acknowledged receipt of the attendance record at Board meetings and voted to file same.

**COLA:**

PERAC Memo has provided that Social Security will be giving an increase of 1.6% on all eligible Social Security benefits.

**APPROVAL OF VOUCHERS:**

A motion was made by Thomas F. O'Toole, seconded by Thomas A. Rorrie and unanimously adopted too approve the warrant as presented.

Thomas McQuaid (Stipend).....	375.00
Thomas F. O'Toole (Stipend).....	375.00
Eileen P. Hickey (Stipend).....	375.00
Edmund W. Mulvehill, Jr. (Stipend).....	375.00
Thomas A. Rorrie (Stipend).....	375.00
Mark Good (Stipend).....	125.00
Extra Space (storage).....	342.00
Shred-It (document removal).....	304.38
Meketa (Jan. Consulting Fee).....	7,725.00
Minuteman Regional (3) (8) (c ) Reimb.....	6,938.54
State Board of Retirement (3) (8) (c ) Reimb.....	69,056.47
State Board of Retirement (3)(8) (c ) Reimb.....	17,659.44
Wellesley Retirement (3)(8) (c ) Reimb.....	17,377.67
Plymouth Retirement 3(8) (c ) Reimb.....	2,380.67
Debra Wilkes	
p.e. 02/01/20.....	2227.11
p.e. 02/08/20.....	2227.11
p.e. 02/15/20.....	2227.11
p.e. 02/22/20.....	2227.11
p.e. 02/29/20.....	2227.11
John J. Shea	
p.e. 02/01/20.....	1436.86
p.e. 02/08/20.....	1436.86
p.e. 02/15/20.....	1436.86
p.e. 02/22/20.....	1436.86
p.e. 02/29/20.....	1436.86

**Accidental Disability:****Leslie LeBlanc:**

The Board acknowledged receipt of PERAC's approval of Mr. LeBlanc's Accidental Disability Retirement.

**APPLICATION FOR SUPERANNUATION RETIREMENT:**

A motion was made by Thomas Rorrie, seconded by Eileen Hickey and unanimously adopted to approve the Superannuation Retirement Application from Gary Schorer. Mr. Schorer retired effective January 31, 2020 and has chosen Option C.

**APPROVAL OF REFUNDS/TRANSFERS:**

On motion duly made by Eileen P. Hickey, seconded by Thomas A. Rorrie and unanimously adopted it was voted to make the following transfers as requested.

Stephanie Halkett transfer to Bristol County .... 3 years and 7 months \$7,231.14  
 Stephan Coughlin transfer to Norfolk County ...2 years and 10 months \$4,935.14

**RETIREMENT OFFICE SOFTWARE:****PTG:**

The Board reviewed the information received from Attorney Gibson regarding the PTG contract and on motion duly made by Thomas McQuaid, seconded by Thomas Rorrie and unanimously adopted it was voted to sign said contract and forward to PTG.

**PERAC MEMOS #1 - #10:**

On motion duly made, seconded and unanimously adopted it was voted to file said memos for future reference.

**Approval of Retiree Payroll for January 2020:**

Annuity:	\$ 204,173.96
Dep:	437.47
Pension:	<u>907,096.14</u>
TOTAL:	\$1,111,707.57



**Fourth Quarter Performance and Review:**

The Board then met with Dan Dynan and Aneish Arora of Meketa Investments to discuss the fourth quarter investment review and other related investment issues. Dan advised that the Retirement System was valued at approximately \$178.3 million at the end of the fourth quarter an increase of approximately \$8.6 million over the three-month period.

The increase was the result of overall positive investment performance and returned 6.0%, net of fees, in the fourth quarter, and gained 19.3% for the trailing one-year period outperforming the Actual Allocation Benchmark by 140 basis points. Every asset class performance was positive.

Dan advised that all asset classes were within their respective target allocation ranges.

Dan Dynan recommended that the Board rebalance by moving \$5.25M out of The Boston Company, Euro Pacific and Dimensional, \$1.75M each, and move that into Rhumblin Investment Grade Bonds. The Board reviewed the recommendation and unanimously voted to move \$1.75M each from The Boston Company, EuroPacific and Dimensional and reinvest said funds with Rhumblin Investment Grade Bonds.

Dan Dynan also advised that in keeping with PERAC regulation the Board must issue an RFP for Emerging Market Bonds. A motion was made by Thomas A. Rorrie, seconded by Eileen P. Hickey and unanimously adopted to issue an RFP as mandated by PERAC regulations and to have Meketa issue the RFP and conduct the search and report back to the Retirement Board with rankings and results.

Meeting Adjourned:

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Debra A. Wilkes, Secretary, Executive Director

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Edmund W. Mulvehill, Jr, Chairperson

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Thomas J. McQuaid, Ex-Officio Member

\_\_\_\_\_  
Eileen P. Hickey, Elected Member

\_\_\_\_\_  
Thomas F. O'Toole, Elected Member

\_\_\_\_\_  
Thomas A. Rorrie, Appointed Member



**MARCH 26, 2020**

**Meeting:**

A meeting of the Norwood Retirement Board was held on Wednesday, March 26, 2020 at 9:00 AM at Go To Meeting as posted on the Retirement Board Town of Norwood Website.

**Present:**

Edmund W. Mulvehill, Jr., Chairman, Thomas J. McQuaid, Ex-Officio, Eileen P. Hickey, Thomas F. O'Toole, Thomas A. Rorrie, Debra A. Wilkes and John J. Shea. Sandra Moore acted as creator of, and recorded, the meeting via Go To Meeting.

**Minutes:**

The minutes of the January and February meetings were tabled.

**Contributory Retiree Payroll:**

On motion duly made, seconded and unanimously adopted it was voted to transfer the money needed for the Contributory Retiree payroll for March 2020 from the cash holdings with Citizens Bank and Rhumblin.

A vote was taken as follows:

Thomas F. O'Toole	YES	Thomas A. Rorrie	YES
Eileen P. Hickey	YES	Thomas J. McQuaid	YES
Edmund W. Mulvehill, Jr	YES		

The vote passed unanimously

**Software:**

Ongoing work with conversion.

**Actuarial Valuation:**

Next Valuation would be needed as of January 1, 2020. The Director advised the Board that Dan Sherman will be providing the Valuation services for 1/1/2020.

**Investment Consulting Services:**

The next meeting with Meketa will be Wednesday, May 20, 2020 at 9AM.

**Mandatory Training:**

The Board continues to monitor its education credits.

**Membership:**

Review of membership continues via payroll.

**Board Member Terms:**

Eileen Hickey's term expires 10/15/2022

Thomas O'Toole's term expires 12/01/2020

Edmund Mulvehill appointed by the Selectmen with no term limit as of April 15, 2008

Thomas A. Rorrie's term expires 09/03/2022

**Board Chairman:**

The first meeting of each year the Board discusses the position of Chairman of the Board.

**Board Member Attendance:**

The Board acknowledged receipt of the attendance record at Board meetings and voted to file same.

**COLA:**

PERAC Memo advised that all eligible Social Security recipients will receive a COLA of 1.6%.

**I AM ALIVE LETTERS:**

The Board discussed sending out the I Am Alive Letters and a motion was made to postpone mailing the request due to COVID-19 and the issue some of the elderly retirees would have getting out to have the letters notarized. The Board will revisit the issue at a later meeting.

The vote was taken as follows:

Thomas Rorrie	YES	Eileen Hickey	YES
Thomas O'Toole	YES	Thomas McQuaid	YES
Edmund Mulvehill, Jr	YES		

The motion passed unanimously

**APPROVAL OF VOUCHERS:**

A motion was made by Thomas A. Rorrie and seconded by Eileen P. Hickey to pay the expenses as presented on warrant INV03.

The vote was taken on the motion as follows:

Thomas O'Toole	YES	Thomas Rorrie	YES
Eileen Hickey	YES	Thomas McQuaid	YES
Edmund Mulvehill, Jr	YES		

The motion passed unanimously

Thomas McQuaid (Stipend).....	375.00
Thomas F. O'Toole (Stipend).....	375.00
Eileen P. Hickey (Stipend).....	375.00
Edmund W. Mulvehill, Jr. (Stipend).....	375.00
Thomas A. Rorrie (Stipend).....	375.00
Mark Good (Stipend).....	125.00

Extra Space (storage).....	342.00
Shred-It (document removal).....	304.38
Meketa (Dec. Consulting Fee).....	7,725.00
Thomas Gibson (Legal Services 2019).....	4,556.00
Wells Fargo (Copier Lease).....	355.64
Melanson Heath (2018 Audit).....	2,500.00
Amity Insurance (2020 Fiduciary Ins).....	8,194.00
Milton Retirement (3)(8) (c ) Reimb.....	9,612.11
Dedham Retirement (3)(8) (c ) Reimb.....	181.56
The Hartford (2020 Office Insurance).....	261.00
Town of Norwood (postage).....	220.95
S&P Visions (Conversion of Data).....	9,000.00

**Debra Wilkes**

p.e. 03/07/20.....	2227.11
p.e. 03/14/20.....	2227.11
p.e. 03/21/20.....	2227.11
p.e. 03/28/20.....	2227.11

**John J. Shea**

p.e. 03/07/20.....	1436.86
p.e. 03/14/20.....	1436.86
p.e. 03/11/20.....	1436.86
p.e. 03/28/20.....	1436.86

**Accidental Disability:****John Bellanti:**

The Board acknowledged receipt of the Medical Panel and Certificate in connection with the Accidental Disability application from John Bellanti. After careful review of all the information, including medical records and reports a motion was made by Thomas J. McQuaid, seconded by Eileen P. Hickey, to grant Mr. Bellanti an Accidental Disability Retirement and to forward same to PERAC for its approval.

A vote was taken on the motion as follows:

Thomas O'Toole	YES	Eileen P. Hickey	YES
Thomas McQuaid	YES	Thomas Rorrie	YES
Edmund Mulvehill, Jr	YES		

The motion passed unanimously.

**PERAC Memos:**

The Board acknowledged receipt of PERAC Memos 11 through 16

PERAC Memo #11 Payment Required for Service Credited under G.L. c. 32, s 4(2)(b)  
 PERAC Memo #12 IRS Determination Letter  
 PERAC Memo #13 Updated Forms on PERAC Website  
 PERAC Memo #14 Required Minimum Distribution: Age 70-1/2  
 PERAC Memo #15 Coronavirus: Contingency Planning  
 PERAC Memo #16 Coronavirus Update

A motion was made and seconded to file all memos for future reference.

A vote was taken on the motion as follows:

Thomas O'Toole	YES	Eileen Hickey	YES
Thomas McQuaid	YES	Thomas Rorrie	YES
Edmund Mulvehill, Jr	YES		

The motion passed unanimously.

**Approval of Retiree Payroll for February 2020:**

Annuity:	\$ 206,029.45
Dep:	437.47
Lump:	12,166.28
Pension:	<u>910,791.32</u>
TOTAL:	\$1,129,424.52



A motion was made by Thomas F. O'Toole, seconded by Thomas J. McQuaid to allow for estimated payments to made to retirees due to the COVID-19 pandemic and that PERAC offices are closed. Also, to continue these estimated payments going forward.

A vote was taken on the motion as follows:

Thomas O'Toole	YES	Eileen Hickey	YES
Thomas McQuaid	YES	Thomas Rorrie	YES
Edmund Mulvehill, Jr	YES		

The motion passed unanimously

A motion was made by Thomas O'Toole, seconded by Eileen Hickey to forward a letter to all retirees that currently do not have Direct Deposit to notify them that it is available and may be something they want to look into.

A vote was taken on the motion as follows:

Thomas O'Toole	YES	Eileen Hickey	YES
Thomas McQuaid	YES	Thomas Rorrie	YES
Edmund Mulvehill, Jr	YES		

The motion passed unanimously

Meeting Adjourned:

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Debra A. Wilkes, Secretary, Executive Director

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Edmund W. Mulvehill, Jr, Chairperson

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Thomas J. McQuaid, Ex-Officio Member

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Eileen P. Hickey, Elected Member

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Thomas F. O'Toole, Elected Member

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Thomas A. Rorrie, Appointed Member

## Board Member Attendance 2020

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
T. O'Toole	P	P	P-R	P-R	P-R							
E. Hickey	P	P	P	P	P							
T. Rorrie	P	P	P-R	P-R	P-R							
T. Mulvehill	P	P	P	E	P							
T. McQuaid	P-R	P	P	P	P							

P = Present

A = Absent

E = Excused

P-R = Remote

# 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: All Retirement Boards

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

RE: COLA Notice

DATE: January 13, 2020

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 1.6%.

The COLA which any such system may grant, pursuant to Chapter 32, Section 103(c) and effective July 1, 2020 will thus be 1.6%. 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, 2020.

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

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**Warrant Report**

Norwood Retirement Bd

Fiscal Year: 2020 Owner: RET Warrant: INV06 Calculate: Y StartCheck: C001994 CheckDate: 06/17/2020 Commit: Y

Release Date : 06/17/2020 Check Range: C001994 to C001999

Status : Closed (C)

Cycle : 6

Batch : 7

Reference Invoice	Vendor	Account Description/Number	Expenditure	Check Number/Amount
1	State Retirement Board	3(8)(C) REIMB TO OTHER SYSTEMS 01-5755-0000	21,423.24	C001994 21,423.24
2	ESSEX REGIONAL RETIREMENT BOAR	3(8)(C) REIMB TO OTHER SYSTEMS 01-5755-0000	8,352.20	C001996 8,352.20
3	WELLS FARGO FINANCIAL LEASE	FURNITURE AND EQUIPMENT 01-5599-0000	561.28	C001999 561.28
4	MEKETA INVESTMENT GROUP	CONSULTING FEE 01-5307-0000	7,725.00	C001997 7,725.00
5	WEYMOUTH RETIREMENT SYSTEM	3(8)(C) REIMB TO OTHER SYSTEMS 01-5755-0000	6,745.29	C001995 6,745.29
6	EXTRASPACE STORAGE	RENT EXPENSE 01-5312-0000	383.00	C001998 383.00



# Warrant Report

Norwood Retirement Bd

Fiscal Year: 2020    Owner: RET    Warrant: INV06    Calculate: Y    StartCheck: C001994    CheckDate: 06/17/2020    Commit: Y

G/L Accounts	Total
45,190.01	45,190.01

To the Treasurer of the Town of Norwood:  
Pay to each of the Persons named in the above warrant,  
accompanying Payrolls and Schedules of Bills Payable,  
the sums set against their respective names, amounting  
in the aggregate to 45,190.01  
and charge the same to the Appropriations or Accounts indicated.

Approved \_\_\_\_\_

Approved \_\_\_\_\_

Approved \_\_\_\_\_

Approved \_\_\_\_\_

Approved \_\_\_\_\_

18047

6a

# Application for Voluntary Superannuation Retirement

Form Last Revised: November, 2011

NORWOOD RETIREMENT BOARD

**Retirement Board:** Please place your address and phone number here. ▶

MUNICIPAL BUILDING  
666 WASHINGTON ST.  
NORWOOD, MA 02062

City/Town State Zip Phone #  
781.762.1244 x157

Kennedy Adelia A 9846  
Member's Last Name First M.I. Social Security #

## Eligibility Requirements for Superannuation Retirement

If you are a member of Group 1 or 2, you are eligible to retire at any age with at least twenty years of creditable service. If you last became a member of a retirement system prior to January 1, 1978 you may, as a member in service, retire at 55 with any number of years of service. If you last became a member of a retirement system on or after January 1, 1978 and you have less than 20 years of creditable service, you must have at least ten years of creditable service and be at least age 55 to retire. If you are a member of Group 4, you are eligible to retire at any age with 20 years of creditable service or at age 55. The amount of your allowance depends on your age, creditable service, group classification and salary.

- If you are an active employee or on leave of absence, you can apply for retirement with the board no earlier than four months before your intended date of retirement.

## Applicant Information

To the NORWOOD Retirement Board:

I respectfully request retirement for superannuation in retirement Group 1 as of 04-01-2020 with 25 years and 00 months of creditable service under the provisions of G.L. c. 32, §§ 1-28.

## In connection with my application, I certify the following:

I AM RETIRING FROM

Norwood Recreation Dept. Administrative Assistant  
Agency or Department\* Title/Position

MY PRESENT ADDRESS

24 MYRTLE ST.  
Street and Number  
Norwood MA 02062  
City/Town State Zip Phone #  
781-762-3549

08-01-1939 9846  
Date of Birth Social Security #

MY ADDRESS AFTER RETIREMENT (Enter only if different from present address)

Street and Number  
City/Town State Zip Phone #



## Application for Voluntary Superannuation Retirement

2

Member's Last Name Kennedy First Adelia M.I. A Social Security # 0000009846

## Employment History

Please supply all periods of service and specify any temporary or irregular service.

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

UNIT	DEPARTMENT	POSITION	DATES EMPLOYED
			From To
			From To
discha			From To

- 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.

- If you are applying for retirement by reason of resignation, failure of re-election or reappointment, removal or discharge under the provisions of G.L. c. 32, § 10; please briefly summarize the facts:

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

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

Applicant's Signature Adelin A. Kennedy Date 02-02-2020Applicant's Name (Print) Adelin A. Kennedy

## The following must be filed by you or your beneficiary with your retirement board:

- A properly completed *Application for Voluntary Superannuation Retirement* (this form).
- A properly completed *Choice of Retirement Option Form at Retirement*.
- A copy of your birth certificate, military discharge papers, marriage certificate, and/or other records applicable to your retirement.

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



# Choice of Retirement Option Form at Retirement

Form Last Revised: March, 2002

**Retirement Board:** Please place your address and phone number here. ▶

NORWOOD RETIREMENT BOARD  
MUNICIPAL BUILDING  
566 WASHINGTON ST.  
NORWOOD, MA 02062

## Member's Information

Kennedy  
Member's Last Name (Print)

ADELIA  
First

A  
M.I.

02/01/2002  
Date

## 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 or none is in effect, your allowance will be paid under Option (B).*
4. *The spousal acknowledgement at the end of this form must be signed if you are married.*

## Selection of Retirement Option

After reviewing all retirement Options, please sign your name under only one of the Options.

### Option (A) No Payment to Beneficiary

Your retirement allowance will be approximately \$39,159<sup>00</sup> annually for life and all payments will cease upon your death. 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.

### To the Retirement Board

I choose to have my retirement allowance paid in accordance with the provisions of G.L. c. 32, § 12(2)(a) of the General Laws which provides an allowance as explained above. I understand that this Option provides the largest possible payment to me under the retirement law and that all payments thereunder cease at my death. I also understand that by choosing this Option, I relinquish on the date that my retirement takes effect all claim to my total accumulated deductions with interest and that upon my death my beneficiary (or estate) will have no claim on these monies.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Member's Social Security #





Kennedy  
Member's Last NameADELIA  
FirstA  
M.I.~~000000~~-9846  
Social Security #

## Option (B) Lump Sum Payment to Beneficiary

Your retirement allowance will be approximately \$36,965<sup>00</sup> annually for life. 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. You may designate and change at any time, one or more beneficiaries to receive in designated proportions, or in the alternative, the lump sum Option (B) benefit. This Option takes effect upon your retirement and supercedes any prior beneficiary selections.

## BENEFICIARY'S NAME

## SSN OR TAX ID#

## PERCENTAGE

Ryan M. Kennedy

~~000000~~-3035

33 1/3%

Alexander S. Kennedy

~~000000~~-6181

33 1/3%

MIKAYLA C. Kennedy

~~000000~~-7283

33 1/3%

%

## To the Retirement Board

I choose to have my retirement allowance paid in accordance with the provisions of G.L. c 32, § 12(2)(b) which provides a cash refund annuity as explained above. I understand that this Option provides for a smaller retirement allowance for life but that if I die before the amount which I have received in annuity payments equals the sum of my total deductions with interest to the date of my retirement, the difference will be paid to my designated beneficiary(ies).

Member's Signature Adelia A. Kennedy Date 2-3-2020Member's Social Security # 028-28-9846

## Option (C) Payment of Allowance to Beneficiary

Your retirement allowance will be approximately \$           annually for life. 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 lesser the amount of your retirement allowance. 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.



KENNEDY  
Member's Last NameADELLA  
FirstA  
M.I. XXX-XX-9846  
Social Security #

**To the Retirement Board:** I choose to have my retirement allowance paid in accordance with the provisions of G.L. c. 32, § 12(2)(c) which provides an allowance as explained above. I understand that this retirement allowance will be smaller than 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.

Beneficiary's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relation to Member \_\_\_\_\_ Social Security # \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Member's Social Security # \_\_\_\_\_

**Witness**

**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' Signature Debra A. Wickes Date 02-02-2000Witness' Name (Print) DEBRA A WICKES**Spousal Acknowledgment**

For any member who is married, an election shall not be valid unless it is accompanied by the signature of the member's spouse indicating the member's spouse's knowledge and understanding of the retirement Option selected. The retirement board shall provide the member and spouse with detailed information regarding the benefit Option selected in order for the member and spouse to make an informed decision regarding said Option. If any member who is married files an election which is not so accompanied, the board shall within fifteen days notify the member's spouse by registered mail of the Option election and of the spouse's right to sign and return an acknowledgment of receipt and understanding of such information within thirty days after receipt of the acknowledgment. The election shall not take effect until it is accompanied by the signature of the member's spouse; provided, however, that no such signature shall be required if the spouse fails to submit such signed acknowledgment on or before the thirtieth day from receipt of the information from the retirement board. Such election made prior to the spousal notification may be changed in accordance with the spouse's understanding of the retirement allowance selected, or at any later time otherwise permitted under this chapter.

**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.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Name (Print) \_\_\_\_\_

**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

66

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 x157 Fax:

**Member's Present Contact Information:**

FRUMMEY WILLIAM \*\*\*-\*\*-3594  
Member's Last Name Member's First Name Social Security # (last four)

Street Address: 98 MONROE ST  
City/Town: NORWOOD State: MA Zip Code: 02062  
Email:  
Phone: 781-769-1648

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 19 years and 2 months of creditable service.

My requested retirement date is: 6/30/2020

NORWOOD PUBLIC SCHOOLS  
Agency or Department Retiring From\*

CUSTODIAN  
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

THE EXHIBIT

State

Zip Code

Phone #



**Application for Voluntary Superannuation Retirement**

Member Last Name:

*ALFREY*

First Name:

*William*

SSN:

\*\*\*-\*\*-*3594***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:

DATES EMPLOYED

To:



**Application for Voluntary Superannuation Retirement**Member Last Name: *Drumney*First Name: *William*SSN: \*\*\*-\*\*-*3594***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: *William P. Drumney*Signature: *William P. Drumney*Date: *5/4/20***To Be Completed By Witness (should be disinterested party):**Name (Print): *James J. Drumney*Street Address: *345 Prospect St*City/Town: *Norwood*Signature: *James J. Drumney*State: *MA*Zip Code: *02062*Date: *5/4/20*

# 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:

781-762-1240 x157

Fax:

## Member's Information:

Member's Last Name

DrummeY

Member's First Name

WILLIAM

Social Security # (last four)

\*\*\*-\*\*-3594

Street Address:

98 MOWIE ST

City/Town:

NORWOOD

State:

MA

Zip Code:

02062

Email:

Phone:

781-769-1648

## 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.

SEP 2019



**Choice of Option at Retirement**Member Last Name: **DRUMMEY**First Name: **WILLIAM**SSN: \*\*\*-\*\*-**3594****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.**

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**Choice of Option at Retirement**

Member Last Name:

Drumney

First Name:

William

SSN:

\*\*\*-\*\*-3594

**2. Option A Only**

Approx \$2062.10 p/m

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):

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:

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%

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**Choice of Option at Retirement**

Member Last Name:

DrummeY

First Name:

WILLIAM

SSN:

\*\*\*-\*\*-3594

**3. Option B Only — Beneficiaries**

approx 1976.00 plm

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

**Beneficiary Information:**% of  
Benefit\*\*

Full Name: (First, MI, Last):

CAROL A. DRUMMEY

SSN/EIN\*: ~~000000~~-3780

Relationship to You:

WIFE

Phone:

Date of Birth: 4-15-48

Address:

98 MONROE ST. NORWOOD MA

Full Name: (First, MI, Last):

MICHELLE IOANNIDES

SSN/EIN\*:

Relationship to You:

DAUGHTER

Phone:

617-376-6844

Date of Birth: 6/15/77

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 \$1689.00 plm

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.

RECEIVED  
JUN 10 2008

**Choice of Option at Retirement**

Member Last Name:

Drumney

First Name:

William

SSN:

\*\*\*-\*\*-3594

**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:

William P. Drumney

Signature:

William P. Drumney

Date:

3/23/46

Social Security # (last four):

\*\*\*-\*\*-3594

**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):

Carol A. Drumney

Street Address:

98 MONROE ST

City/Town:

NORWOOD

State:

MA

Zip Code:

02062

Witness' Signature:

Carol A. Drumney

Date:

6/5/2020



**Choice of Option at Retirement**Member Last Name: *Drumney*First Name: *William*SSN: \*\*\*-\*\*-*3594***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 *CAROL A. Drumney*, the spouse of *William B. Drumney*.  
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):

*CAROL A. Drumney*

Spouse's Signature:

*Carol A. Drumney*Date: *6-5-2020***To Be Completed By Witness (should be disinterested party):**

Witness' Name (Print):

*ROSEMARIE MEEHAN*

Street Address:

*564 WASHINGTON ST*

City/Town:

*NORWOOD*State: *MA* Zip Code: *02062*

Witness' Signature:

*Rosemarie Meehan*Date: *6/5/2020*

JUN 5 10:43

# Application for Voluntary Superannuation Retirement

Form Last Revised: November, 2011



Retirement Board: Please place your address and phone number here. ▶

566 Washington St  
Street and Number

Norwood  
City/Town

MA  
State

02062  
Zip

781-762-1240 x157  
Phone #

HENRY  
Member's Last Name

VICTORIA  
First

A  
M.I.

xxx-xx-4977  
Social Security #

## Eligibility Requirements for Superannuation Retirement

If you are a member of Group 1 or 2, you are eligible to retire at any age with at least twenty years of creditable service. If you last became a member of a retirement system prior to January 1, 1978 you may, as a member in service, retire at 55 with any number of years of service. If you last became a member of a retirement system on or after January 1, 1978 and you have less than 20 years of creditable service, you must have at least ten years of creditable service and be at least age 55 to retire. If you are a member of Group 4, you are eligible to retire at any age with 20 years of creditable service or at age 55. The amount of your allowance depends on your age, creditable service, group classification and salary.

- If you are an active employee or on leave of absence, you can apply for retirement with the board no earlier than four months before your intended date of retirement.

## Applicant Information

To the NORWOOD Retirement Board:

I respectfully request retirement for superannuation in retirement Group 1 as of June 30, 2020 with 32 years and 10 months of creditable service under the provisions of G.L. c. 32, §§ 1-28.

In connection with my application, I certify the following:

I AM RETIRING FROM

Norwood Public Schools  
Agency or Department\*

Para Professional  
Title/Position

MY PRESENT ADDRESS

41 Neponset Street  
Street and Number

Norwood  
City/Town

MA  
State

02062  
Zip

781-769-5241  
Phone # home

781-820-5184  
cell

11-23-1948  
Date of Birth

~~000000~~ 4977  
Social Security #

MY ADDRESS AFTER RETIREMENT (Enter only if different from present address)

Street and Number

City/Town

State

Zip

Phone #





# Application for Voluntary Superannuation Retirement

2

Member's Last Name	First	M.I.	Social Security #
HENRY	VICTORIA	A	XXX-XX-4777

## Employment History

Please supply all periods of service and specify any temporary or irregular service.

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

UNIT	DEPARTMENT	POSITION	DATES EMPLOYED
			From To
			From To
			From To

- 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.

- If you are applying for retirement by reason of resignation, failure of re-election or reappointment, removal or discharge under the provisions of G.L. c. 32, § 10; please briefly summarize the facts:

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

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

Applicant's Signature Victoria Ann Henry Date 5-21-2020  
 Applicant's Name (Print) Victoria Ann Henry

The following must be filed by you or your beneficiary with your retirement board:

- A properly completed Application for Voluntary Superannuation Retirement (this form).
- A properly completed Choice of Retirement Option Form at Retirement.
- A copy of your birth certificate, military discharge papers, marriage certificate, and/or other records applicable to your retirement.

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

# Choice of Retirement Option Form at Retirement

Form Last Revised: March, 2002

**Retirement Board:** Please place your address and phone number here. ▶

NORWOOD RETIREMENT BOARD  
MUNICIPAL BUILDING  
560 WASHINGTON ST.  
NORWOOD, MA 02062

## Member's Information

HEAVY

Member's Last Name (Print)

VICTORIA

First

A

M.I.

5-21-2020

Date

## 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 or none is in effect, your allowance will be paid under Option (B).
4. The spousal acknowledgement at the end of this form must be signed if you are married.

## Selection of Retirement Option

After reviewing all retirement Options, please sign your name under only one of the Options.

### Option (A) No Payment to Beneficiary

Your retirement allowance will be approximately \$33,713<sup>00</sup> annually for life and all payments will cease upon your death. 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.

### To the Retirement Board

I choose to have my retirement allowance paid in accordance with the provisions of G.L. c. 32, § 12(2)(a) of the General Laws which provides an allowance as explained above. I understand that this Option provides the largest possible payment to me under the retirement law and that all payments thereunder cease at my death. I also understand that by choosing this Option, I relinquish on the date that my retirement takes effect all claim to my total accumulated deductions with interest and that upon my death my beneficiary (or estate) will have no claim on these monies.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Member's Social Security # \_\_\_\_\_





HENRY  
Member's Last Name

VICTORIA  
First

A  
M.I.

XXX-XX-4977  
Social Security #

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

Your retirement allowance will be approximately \$32,900 annually for life. 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. You may designate and change at any time, one or more beneficiaries to receive in designated proportions, or in the alternative, the lump sum Option (B) benefit. This Option takes effect upon your retirement and supercedes any prior beneficiary selections.

#### BENEFICIARY'S NAME

Eric J. Henry

#### SSN OR TAX ID#

XXXXXXXX-9764

#### PERCENTAGE

50%

Rebecca S. Henry

XXXXXXXX-9753

50%

%

%

*-cell 781-603-8701*  
*→ 3201 Beneva Road*  
*Unit #101*  
*Sarasota, FL 34232*  
*cell: 941-400-2769*

### To the Retirement Board

I choose to have my retirement allowance paid in accordance with the provisions of G.L. c 32, § 12(2)(b) which provides a cash refund annuity as explained above. I understand that this Option provides for a smaller retirement allowance for life but that if I die before the amount which I have received in annuity payments equals the sum of my total deductions with interest to the date of my retirement, the difference will be paid to my designated beneficiary(ies).

Member's Signature Victoria Henry Date 5-28-2020

Member's Social Security # XXXXXXXX-4977

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

Your retirement allowance will be approximately \$           annually for life. 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 lesser the amount of your retirement allowance. 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.



**M.I.** **Social Security #**

Beneficiary's Name  Date of Birth

Relation to Member  Social Security #

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Member's Social Security #

Witness' Name (Print) ROSEMARIE MEEHAN

Spouse's Name (Print) /



I, VICTORIA A. HENRY, have discussed the different options related to my  
Name

Retirement with DEBRA WILKES on 2/18/2020  
Board Employee Date

And have chosen Option B. I (we) fully understand the differences between  
A, B or C

Option A, Option B and Option C and have made my decision to choose the above option based

On all the information I (we) received.

Victoria A. Henry  
Employee Signature

\_\_\_\_\_  
Spouses Signature

May 21, 2020  
Date

Debra Wilkes  
Board Employee Signature

5/21/2020  
Date

HR21.M11.05

**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

6d

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 x157

Fax:

**Member's Present Contact Information:**

MAGGIO

Member's Last Name

RONALD

Member's First Name

\*\*\*-\*\*-3663

Social Security # (last four)

Street Address:

41 HEATHER DRIVE

City/Town:

NORWOOD

State: MA Zip Code:

02062

Email:

RJMAGGIO52@GMAIL.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 39 years and 10 months of creditable service.

My requested retirement date is:

MAY 31 2020

NORWOOD FIRE DEPARTMENT

Agency or Department Retiring From\*

Deputy Fire Chief

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:

Maggio

First Name:

RONALD

SSN:

\*\*\*-\*\*-3663

**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

Municipal

Fire Dept

Deputy

July 1979 May 2020



**Application for Voluntary Superannuation Retirement**

Member Last Name:

MAGGIO

First Name:

RONALD

SSN:

\*\*\*-\*\*-3663

**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:

RONALD MAGGIO

Signature:

Ronald Maggio

Date:

5/18/20

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

Name (Print):

RICHARD P. FLAHEAVY

Street Address:

15 JOHNSON DRIVE

City/Town:

EAST WAPULE

Signature:

Richard P. Flaherty

State: MA

Zip Code: 02062

Date:

5/18/20

## Form Last Revised: July, 2019

**Address:**

City/Town:

**Telephone:**

NORWOOD

566 WASHINGTON STREET

NORWOOD

**Zip Code:**

02062

$$181.762 \cdot 1240 \times 157$$
**Fax:**

MAGGIO

**Member's Last Name**

RONALD

Member's First Name

\*\*\*-\*\*-3663

**Social Security # (last four)**

**Street Address:**

City/Town:

**Email:**

**Phone:**

41 HEATHER DR.

Norwood

njmag9452@gmail.com

781-769-8223

State: MA

Zip Code: 62062

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.

[illegible]



**Choice of Option at Retirement**Member Last Name: **MAGGIO**First Name: **RONALD**SSN: \*\*\*-\*\*-**3663****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.**

RECEIVED



SSN: \*\*\*-\*\*-3663

## 2. Option A Only

Gross Monthly Approx. \$11,330.<sup>00</sup>

0%

**Figure 6**

**Choice of Option at Retirement**

5

Member Last Name:

MAGGIO

First Name:

ROMAN

SSN:

\*\*\*-\*\*-3663

**3. Option B Only — Beneficiaries**

GROSS MONTHLY APPROX \$11,200.00

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

**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**

GROSS MONTHLY APPROX \$9750.00

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:

DIANE MAGGIO

\*\*Relation to Member:

WIFE

Date of Birth:

04/21/61

Social Security #:

~~XXXXXXXX~~ 0916

Member's Signature

Ronald A. Maggio

Date:

5/18/20

Member's Social  
Security # (last four):

\*\*\*-\*\*-3663

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

P  
E  
R  
M  
I  
T  
T  
E  
D  
B  
Y  
T  
H  
E  
C  
O  
M  
M  
I  
S  
S  
I  
O  
N

## Choice of Option at Retirement

Member Last Name: MAGGIO

First Name: RONALD

SSN: \*\*\*-\*\*-3663

## 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 C selected above.

Print Name:

RONALD MAGGIO

Signature:

Ronald Maggio

Date: 5/18/2020

Social Security # (last four):

\*\*\*-\*\*-3663

## 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):

RICHARD P FLAHERTY

Street Address:

15 JOHNSON DRIVE

City/Town:

EAST WALPOLE

Witness' Signature:

Richard P Flaherty

State: MA Zip Code: 02032

Date: 5/18/2020



**Choice of Option at Retirement**Member Last Name: **MAGGIO**First Name: **Ronald**SSN: \*\*\*-\*\*-**3663****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 **Diane Maggio**, the spouse of **Ronald Maggio**  
I understand my spouse has selected Option **C** as the method by which his/her retirement allowance will be paid. This option may not be changed after retirement.

**Spouse's Signature**

Spouse's Name (Print):

Spouse's Signature:

**Diane Maggio**  
**Diane Maggio**

Date:

**5/18/2020****To Be Completed By Witness (should be disinterested party):**Witness' Name (Print): **RICHARD P. PLATTERY**Street Address: **15 JOHNSON DRIVE**City/Town: **EAST WADSWORTH**

Witness' Signature:

**R. Plattery**State: **MA** Zip Code: **02062**Date: **5/18/2020**RECEIVED  
MAY 21 2020  
OFFICE OF THE  
COMMISSIONER  
OF REVENUE  
STATE OF MASSACHUSETTS

# 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

6e

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 x 157

Fax:

**Member's Present Contact Information:**

WATERS

Member's Last Name

MICHAEL

Member's First Name

\*\*\*-\*\*-6929

Social Security # (last four)

Street Address:

431 LINCOLN ST

City/Town:

FRANKLIN

State: MA

Zip Code: 02038

Email:

Phone:

508-989-8708

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 40 years and 0 months of creditable service.

My requested retirement date is:

6/30/2020

FIRE

Agency or Department Retiring From\*

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 #

FRANKLIN



**Application for Voluntary Superannuation Retirement**

Member Last Name:

WATERS

First Name:

MICHAEL

SSN:

\*\*\*-\*\*-6929

**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:

WATERS

First Name:

MICHAEL

SSN:

\*\*\*-\*\*-6929

**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.

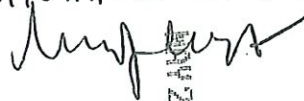
I sign this application under the penalties of perjury. I affirm that the information presented in this application is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of my benefits as well as civil and criminal penalties.

**Applicant's Signature:**

Print Name:

MICHAEL J. WATERS

Signature:



Date:

8-25-20

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

Name (Print):

Debra A Wilkes

DEBRA A WILKES

Street Address:

35 Munroe Ln

City/Town:

Malden

State: MA

Zip Code: 01757

Signature:



Date:

5/25/2020

# 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:

781.762.1240 x157

Fax:

## Member's Information:

WATERS

Member's Last Name

MICHAEL

Member's First Name

\*\*\*-\*\*-6929

Social Security # (last four)

Street Address:

431 LINCOLN ST.

City/Town:

FRANKLIN

State: MA

Zip Code: 02038

Email:

mwaters@norwoodma.gov

Phone:

508-989-8708

## 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.

MM128PM12.11



**Choice of Option at Retirement**Member Last Name: WATERSFirst Name: MichaelSSN: \*\*\*-\*\*-6929**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.**

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**Choice of Option at Retirement**

Member Last Name:

First Name:

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

6929

**2. Option A Only**Approx \$5,500<sup>00</sup> p/m

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%

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**Choice of Option at Retirement**

5

Member Last Name:

First Name:

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

6929

**3. Option B Only — Beneficiaries**Approx \$5545<sup>00</sup> p/m

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

**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 \$5055<sup>00</sup> p/m

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:

MARUSHKA WATERS

\*\*Relation to Member:

WIFE

Date of Birth: 12/8/1956

Social Security #:

~~XXXXXXXXXX~~ - 4952

Member's Signature

[Signature]

Date: 5-25-20

Member's Social  
Security # (last four):

\*\*\*-\*\*-6929

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

P12-12

**Choice of Option at Retirement**Member Last Name: WATERSFirst Name: MichaelSSN: \*\*\*-\*\*-6929**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 C selected above.Print Name: Michael WatersSignature: [Signature]Date: 5-25-20Social Security # (last four): \*\*\*-\*\*-6929**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): Brenda Lee ReddingStreet Address: 14 Broad St.City/Town: WorcesterState: MA Zip Code: 02260Witness' Signature: [Signature]Date: 5-25-20



**Choice of Option at Retirement**Member Last Name: WATERSFirst Name: MichaelSSN: \*\*\*-\*\*-6929**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 MARSHALLA WATERS, the spouse of MICHAEL WATERS

I understand my spouse has selected Option C 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):

MARSHALLA WATERS

Spouse's Signature:

MichaelDate: 5-25-20**To Be Completed By Witness (should be disinterested party):**

Witness' Name (Print):

Dennis P. Redding

Street Address:

14 Broad St.

City/Town:

U. Attleboro

Witness' Signature:

Dennis P. ReddingState: MA Zip Code: 02760Date: 5-25-20

MM/28 PM 12:12

**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

6f

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 x157 Fax:

**Member's Present Contact Information:**

FARULLA BRENDA \*\*\*-\*\*-9032  
Member's Last Name Member's First Name Social Security # (last four)

Street Address: 50 DEVON RD  
City/Town: NORWOOD State: MA Zip Code: 02062  
Email: Benfar2u@aol.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 21 years and 10 months of creditable service.

My requested retirement date is: 6/30/2020

School Dept  
Agency or Department Retiring From\*

Para prof 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:

FARULLA

First Name:

BRENDA

SSN:

\*\*\*-\*\*-9032

**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:

FARULLA

First Name:

BRENDA

SSN:

\*\*\*-\*\*-9032

**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:

BRENDA FARULLA

Signature:

Brenda Farulla

Date:

6/1/2020

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

Name (Print):

Elizabeth Mahoney

Street Address:

Haleyford Rd

City/Town:

Norwich

Signature:

Elizabeth Mahoney

State:

Ma Zip Code: 02062

Date:

6/1/20

# 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: 781-762-1240 x157 Fax:

## Member's Information:

Member's Last Name: FARULLA Member's First Name: BRENDA Social Security # (last four): \*\*\*-\*\*-9032  
Street Address: 50 DEVON RD  
City/Town: NORWOOD State: MA Zip Code: 02062  
Email: Benfa2u@aol.com  
Phone: 781 254 2850

## 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.

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**Choice of Option at Retirement**

Member Last Name:

FARULLA

First Name:

BRENDA

SSN:

\*\*\*-\*\*-9032

**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.**

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**Choice of Option at Retirement**

Member Last Name: FARULLA

First Name: BRENDA

SSN: \*\*\*-\*\*-9032

**2. Option A Only** Approximately \$722.32 gross per month

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, BRENDA FARULLA, 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):	JOSEPH L FARULLA	SSN/EIN*:	<del>XXXXX</del> 1341
Relationship to You:	HUSBAND	Phone:	781-248-7210
Address:	50 DEVON RD NORWOOD MA 02062	Date of Birth:	7/24/59
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:	

\*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%

RECEIVED  
JUL 2 1999

**Choice of Option at Retirement**

5

Member Last Name:

FARULLA

First Name:

BRENDA

SSN:

\*\*\*-\*\*-9032

**3. Option B Only — Beneficiaries**

Approximately \$715.00 gross per month

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

**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**With Joseph as your beneficiary  
Approximately \$672.00 gross per month

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.

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**Choice of Option at Retirement**

6

Member Last Name:

FARULLA

First Name:

BRENDA

SSN:

\*\*\*-\*\*-9032

**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:

BRENDA FARULLA

Signature:

*Brenda Farulla*

Date:

6/1/2020

Social Security # (last four):

\*\*\*-\*\*-9032

**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):

Elizabeth Maloney

Street Address:

16 Leiston Rd

City/Town:

Norwich

Witness' Signature:

*Elizabeth Maloney*

State:

MA

Zip Code:

01906-2

Date:

6/1/20



**Choice of Option at Retirement**

Member Last Name:

FARULLA

First Name:

BRENDA

SSN:

\*\*\*-\*\*-9030

**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 JOSEPH L. FARULLA, the spouse of BRENDA M FARULLA.  
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):

JOSEPH L FARULLA

Spouse's Signature:



Date:

6/1/2020

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

Witness' Name (Print):

Elizabeth Maloney

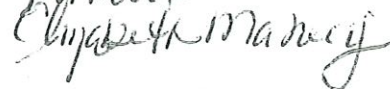
Street Address:

16 Leyton Rd

City/Town:

Norwalk

Witness' Signature:



State:

Ma

Zip Code:

02062

Date:

6/1/20

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I, BRENDA FARULLA, have discussed the different options related to my  
Name

Retirement with Debra Wilkes on 6/1/2020  
Board Employee Date

And have chosen Option A. I (we) fully understand the differences between  
A, B or C

Option A, Option B and Option C and have made my decision to choose the above option based

On all the information I (we) received.

Brenda Farulla

Employee Signature

JJ Farulla

Spouses Signature

6/1/2020

Date

Debra Wilkes

Board Employee Signature

6/2/2020

Date

JUN 24 11:35

# 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

69

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 x157

Fax:

**Member's Present Contact Information:**

Niden

Member's Last Name

Jennifer

Member's First Name

\*\*\*-\*\*-1260

Social Security # (last four)

Street Address:

284 Common Str.

City/Town:

Walpole

State:

MA

Zip Code:

02081

Email:

nidensix@aol.com

Phone:

508-962-7401

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 15 years and

months of creditable service.

My requested retirement date is:

June 30, 2020

School department

Agency or Department Retiring From\*

Paraprofessional

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 #

JUN 2 PM 12:35



**Application for Voluntary Superannuation Retirement**Member Last Name: *Niden*First Name: *Jennifer*SSN: \*\*\*-\*\*-*1260***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: NidenFirst Name: JenniferSSN: \*\*\*-\*\*-1260

## Other Information:

- Are you presently receiving a retirement allowance from any retirement system of any governmental units/political subdivisions within the Commonwealth of Massachusetts? ☐ YES ☒ NO  
If YES, please specify systems, date of retirement and retirement type.

- Are you a veteran? ☐ YES ☒ NO  
If YES, please specify military branch and dates of active service.

- Have you been officially investigated for or charged with misappropriation of funds from your employer or convicted of any crime related to your office or position? ☐ YES ☒ NO  
If YES, please provide documentation.

- Have you engaged in the practice of shift substitution on or after October 26, 2011? ☐ YES ☒ NO  
If you answered YES, your Employer is required to fill out the *Employer's Shift Substitution Certification* form and file it with your retirement board.

## Termination Retirement Allowance

Are you applying for a Termination Retirement Allowance pursuant to the provisions of Massachusetts General Laws, Chapter 32, Section 10(2), which is only available for those who became members prior to April 2, 2012?

☐ YES ☒ NO

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

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

## Applicant's Signature:

Print Name:

Signature:

Jennifer Niden  
Jennifer A. Niden

Date:

5/18/20

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

Name (Print):

Street Address:

City/Town:

Signature:

Adam Niden984 Common Str.Walpole[Signature]State: MAZip Code: 02081

Date:

6/8/20



# 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:

781-762-1240 x157

Fax:

## Member's Information:

NIDEN

Member's Last Name

JENNIFER

Member's First Name

\*\*\*-\*\*-1260

Social Security # (last four)

Street Address:

284 Common St

City/Town:

Walpole

State: MA

Zip Code: 02081

Email:

nidenj@adl.com

Phone:

508-962-7401

## 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.

2019-07-01



First Name: Jennifer

SSN: \*\*\*-\*\*-1260

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.**

**NEW**

**Choice of Option at Retirement**Member Last Name: *NIDEN*First Name: *JENNIFER*SSN: \*\*\*-\*\*-*1260***2. Option A Only** *Approx \$5666<sup>00</sup> Annually or \$472.00 gross monthly*

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:
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:
Full Name: (First, MI, Last):	SSN/EIN*:
Relationship to You:	Phone:
Address:	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%

JUN 2 2012 3:33



**Choice of Option at Retirement**

5

Member Last Name: *NIDEN*First Name: *JENNIFER*

SSN: \*\*\*-\*\*-1260

**3. Option B Only — Beneficiaries***Approx \$5612<sup>00</sup> ANNUALLY or \$467<sup>00</sup> gross p/m*

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

**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 \$5365<sup>00</sup> ANNUALLY or \$447<sup>00</sup> gross p/m*

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:

*Adam Niden*

\*\*Relation to Member:

*Spouse*Date of Birth: *4/2/60*

Social Security #:

*~~000000~~ - 1623*

Member's Signature

*Jennifer A. Niden*Date: *5/2/20*

Member's Social Security # (last four):

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

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**Choice of Option at Retirement**

6

Member Last Name:

NIDEN

First Name:

JENNIFER

SSN:

\*\*\*-\*\*-1260

**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 C selected above.

Print Name:

Jennifer Niden

Signature:

Jennifer Niden

Date:

6/8/80

Social Security # (last four):

\*\*\*-\*\*-1260

**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):

Adam Niden

Street Address:

289 Common Str.

City/Town:

Walpole

Witness' Signature:



State:

MA Zip Code: 02081

Date:

6/8/80

**Choice of Option at Retirement**Member Last Name: *NIDEN*First Name: *JENNIFER*SSN: \*\*\*-\*\*-*1260***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 *Adam Niden*, the spouse of *Jennifer Niden*.  
I understand my spouse has selected Option *C* 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): *Adam Niden*Spouse's Signature: Date: *6/8/80***To Be Completed By Witness** (should be disinterested party):Witness' Name (Print): *Adam Niden*Street Address: *284 Common Str.*City/Town: *Walpole*Witness' Signature: State: *MA* Zip Code: *02081*Date: *6/8/80*

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## Office Staff

In discussion with our Attorney it was advised that the Board lay out its return to work procedure.

The Board is requiring that all office staff must report for work, in the office, effective Monday, June 25, 2020.

Also, since the elevator is out of service the Board will accommodate anyone that can't climb the stairs by setting up office space on the lower level which will allow for individuals to continuing working.

If any staff is not able to report to work effective 6/25/20 due to health reasons then a doctor's note is required and sick time will be charged. If sick time runs out then earned vacation time will be charged so that individual will continue to receive pay. Should earned vacation time run out then the individual will no longer be paid.

Since staff has carried over vacation from 2019 it must be used as soon as practical and an outline of when office staff plans to take vacation should be completed and provided to the Board as soon as possible.