



# The TOWN OF NORWOOD

Commonwealth of Massachusetts

## RETIREMENT BOARD

### THE CONTRIBUTORY RETIREMENT SYSTEM

#### NOTICE OF NORWOOD RETIREMENT BOARD MEETING AND AGENDA WEDNESDAY, SEPTEMBER 15, 2021 @ 9:00 AM

In accordance with the provisions of Chapter 30A, ss 20(b) of the General Laws, notice is hereby given that a Norwood Retirement Board Meeting will be held at 900B Washington Street, Norwood, MA AND REMOTELY AT GO TO MEETING

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

CALL 1-408-650-3123 ENTER ACCESS CODE 112-207-397 AND FOLLOW THE PROMPT

1. Minutes of August 26, 2021
2. Needed for payrolls: Cont. Approx \$1,300,000.00
3. Unfinished business:
  - ✓ a. Software - ongoing work and updating with respect to MUNIS and conversion
  - ✓ b. Actuarial Val - Need full valuation 1/1/22
  - ✓ c. Mandatory Education - Ongoing
  - ✓ d. Rotation of Chairperson - Discussion in January 2022
  - ✓ e. Board Members - Eileen Hickey's term expires 10/15/2022  
Tom O'Toole's term expires 12/01/2023  
Ted Mulvehill appointed by Selectmen no term limit on April 15, 2008  
Fifth Member - Thom Rorrie's term expires 09/03/2022
  - ✓ f. Board Attendance - provide attendance record
  - ✓ g. Membership - ongoing review
  - h. Budget - Director working on budget for 2022
  - i. Office Staff - Tabled for review of contracts etc.
  - ✓ j. Retiree COLA - COLA was processed in retirees July checks
4. Approval of Vouchers Warrant #INV09
- ✓ 5. Applications for Superannuation: a. Michael Driscoll - September 24, 2021 - Option C
- ✓ 6. Application for Withdrawal of Funds a. Timothy Randall - Off payroll as of 5/18 Refund amount : \$494.58 less 20% FWT NET \$395.66
7. Accidental Disability a. Gregory Shore - New Application Accidental/Ordinary
8. 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

9/10/2021

2021 SEP 10 A 10:41  
RECEIVED  
TOWN OF NORWOOD  
TOWN CLERK



# The TOWN OF NORWOOD

Commonwealth of Massachusetts

## RETIREMENT BOARD

### THE CONTRIBUTORY RETIREMENT SYSTEM

#### NOTICE OF NORWOOD RETIREMENT BOARD MEETING AND AGENDA WEDNESDAY, SEPTEMBER 15, 2021 @ 9:00 AM

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THOMAS J. MCQUAID, *Ex-Officio Member*  
THOMAS F. O'TOOLE, *Elected Member*  
EILEEN P. HICKEY, *Elected Member*  
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DEBRA A. WILKES, *Executive Director*

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  - f. Board Attendance - provide attendance record
  - g. Membership - ongoing review
  - h. Budget - Director working on budget for 2022
  - i. Office Staff - Tabled for review of contracts etc.
  - j. Retiree COLA - COLA was processed in retirees July checks
4. Approval of Vouchers Warrant #INV09
5. Applications for Superannuation:
  - a. Michael Driscoll - September 24, 2021 - Option C DPW
  - \* b. Elaine Petherick - August 31, 2021 - Option C Traffic Supervisor
  - \* c. Joseph Gourdeau - October 13, 2021 - Option C DPW
6. Application for Withdrawal of Funds
  - a. Timothy Randall - Off payroll as of 5/18 Refund amount : \$494.58 less 20% FWT NET \$395.66
  - \* b. Diane Bragg - Off payroll as of 1/21 Refund amount : \$17868.46 rollover to qualified plan
7. Disability Application
  - a. Gregory Shore - New Application Accidental/Ordinary
8. Any and All Other Business That May Properly Come Before the Board  
\* KELLY UNSWORTH

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

37

# BOARD MEMBER ATTENDANCE 2021

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Thomas O'Toole	P-R	P-R	P-R	P-R	P-R	P	P	P-R				
Eileen Hickey	P-R	P-R	P	P	P	P	P	P				
Thomas Rorrie	P-R	P-R	P-R	P-R	P-R	P	P	P				
Thomas McQuaid	P	P	P	P	P	P						
no longer on Board a/o 7/4/21												
Edmund Mulvehill	P-R	A	P-R	P-R	P-R	P-R	P	P-R				
Meg LaMay							P	P				
new to Board a/o 7/5/21												

P = Present  
E = Excused  
A = Absent  
P-R = Remote

## Warrant Report

Norwood Retirement Bd

Fiscal Year: 2021 Owner: RET Warrant: INV09 Calculate: Y StartCheck: C002123 CheckDate: 09/15/2021 Commit: Y

Release Date : 09/15/2021 Check Range: C002123 to C002128 Status : Closed (C) Cycle : 9 Batch : 24

Reference Invoice	Vendor	Account Description/Number	Expenditure	Check Number/Amount
1	5016593452	WELLS FARGO FINANCIAL LEASE FURNITURE AND EQUIPMENT 01-5599-0000	280.64	C002126 280.64
2		NORWOOD LIGHT BROADBAND ADMINISTRATIVE EXPENSES 01-5589-0000	93.90	C002127 93.90
3	1248	SHERMAN ACTUARIAL SERVICES, LL ACTUARIAL SERVICES 01-5316-0000	750.00	C002125 750.00
4	0694	MEKETA INVESTMENT GROUP CONSULTING FEE 01-5307-0000	8,195.45	C002123 8,195.45
5		EXTRASPACE STORAGE RENT EXPENSE 01-5312-0000	383.00	C002124 383.00
6		RAMA NORWOOD, LLC RENT EXPENSE 01-5312-0000	2,840.27	C002128 2,840.27



# Warrant Report

Norwood Retirement Bd

Fiscal Year: 2021   Owner: RET   Warrant: INV09   Calculate: Y   StartCheck: C002123   CheckDate: 09/15/2021   Commit: Y

G/L Accounts	Total
12,543.26	12,543.26

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 12,543.26  
and charge the same to the Appropriations or Accounts indicated.

Approved \_\_\_\_\_

Approved \_\_\_\_\_

Approved \_\_\_\_\_

Approved \_\_\_\_\_

Approved \_\_\_\_\_

# 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

5a

2

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

Name of Retirement Board:

NORWOOD

Address:

903 Washington St

City/Town:

Norwood

Zip Code:

02062

Telephone:

781-762-1240 x6038

Fax:

## Member's Present Contact Information:

DRISCOLL

Member's Last Name

MICHAEL

Member's First Name

\*\*\*-\*\*-0857

Social Security # (last four)

Street Address:

28 ACCESS ROAD

City/Town:

NORWOOD

State: MA

Zip Code:

02062

Email:

mdriscoll@norwoodlight.com

Phone:

781-769-7609

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 Town of NORWOOD

Retirement Board:

I respectfully request retirement for superannuation with

39 years and

0833 months of creditable service.

My requested retirement date is:

SEPTEMBER 24, 2021

Agency or Department Retiring From\*

Title/Position

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

## Contact Information After Retirement (Enter only if different from present address)

Street and Number

50

City/Town

2020

State

Zip Code

Phone #

**Application for Voluntary Superannuation Retirement**

Member Last Name:

First Name:

SSN:

\*\*\*-\*\*-0857

**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

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**Application for Voluntary Superannuation Retirement**

Member Last Name:

First Name:

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

0857

**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 D DRISCOLL

Signature: Michael D Driscoll

Date: 8/27/2021

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

Name (Print): DAVID P. NOIAN

Street Address: 64 SUMMER STREET

City/Town: FOXBOROUGH

Signature: [Signature]

State: MA Zip Code: 02035

Date: 8/28/21

SEP 1 AM 2021



# 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: 900B WASHINGTON ST  
City/Town: NORWOOD Zip Code: 02062  
Telephone: 781-762-1240 x 4038 Fax:

## Member's Information:

DRISCOLL MICHAEL  
Member's Last Name Member's First Name Social Security # (last four) \*\*\*-\*\*-0857  
Street Address: 28 ACCESS ROAD  
City/Town: NORWOOD State: MA Zip Code: 02062  
Email: mdriscoll@norwoodlight.com  
Phone: 781-769-7609

## 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: Dnscoil

First Name: Michael

SSN: \*\*\*-\*\*-0857

**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.**

SEP 12 2009



**Choice of Option at Retirement**

Member Last Name:

Dnscoll

First Name:

Michael

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

0857

**2. Option A Only**

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

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

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

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

**Pro-Rata Recipient or Recipients:**% of  
Benefit\*\*

Full Name: (First, MI, Last):

SSN/EIN\*:

Relationship to You:

Phone:

Date of Birth:

Address:

Full Name: (First, MI, Last):

SSN/EIN\*:

Relationship to You:

Phone:

Date of Birth:

Address:

Full Name: (First, MI, Last):

SSN/EIN\*:

Relationship to You:

Phone:

Date of Birth:

Address:

Full Name: (First, MI, Last):

SSN/EIN\*:

Relationship to You:

Phone:

Date of Birth:

Address:

Full Name: (First, MI, Last):

SSN/EIN\*:

Relationship to You:

Phone:

Date of Birth:

Address:

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

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

0%

2008

## Choice of Option at Retirement

Member Last Name: DnscollFirst Name: MichaelSSN: \*\*\*-\*\*-0857**5. Option Selection and Signature**

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

☐ **Option (A)**

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

☐ **Option (B)**

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

☒ **Option (C)**

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

**Member's Signature:** I have read and understand the provisions of Option selected above.Print Name: Michael D. DnscollSignature: Michael D DnscollDate: 8/28/2002Social Security # (last four): \*\*\*-\*\*-0857**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): DAVID P. NOLANStreet Address: 64 SUMMER STREETCity/Town: FOXBOROUGH, MA.Witness' Signature: [Signature]State: MA Zip Code: 02035Date: 8/28/21

SEP 14 2006



# 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

561

2

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

**Name of Retirement Board:** Norwood

**Address:** 900B Washington Street

**City/Town:** Norwood

**Zip Code:** 02062

**Telephone:** (781) 762-1240

**Fax:**

## Member's Present Contact Information:

Petherick

Elaine

\*\*\*-\*\*- 4 2 5 4

**Member's Last Name**

**Member's First Name**

**Social Security # (last four)**

**Street Address:** 12 Maxwell Avenue

**City/Town:** Norwood

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

**Email:**

**Phone:** (781) 762-6962

**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 4 months of creditable service.

My requested retirement date is: 08/31/2021

Traffic/Police Dept

Traffic Supervisor

**Agency or Department Retiring From\***

**Title/Position**

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

## Contact Information After Retirement (Enter only if different from present address)

**Street and Number**

**City/Town**

**State**

**Zip Code**

**Phone #**

02062

Member Last Name: Petherick

First Name: Elaine

SSN: \*\*\*-\*\*-4 2 5 4

**To Which Group Do I Belong?**

Your retirement board classifies you in a Group on the basis of the position you hold. If you are in doubt about which Group you are in, please consult with your retirement board. The four Groups are as follows:

- **Group 1:** "Officials and general employees including clerical, administrative and technical workers, laborers, mechanics and all others not otherwise classified." (Most people are in Group 1.)
- **Group 2:** Among the members of Group 2 are "Public works building police; permanent watershed guards and permanent park police; University of Massachusetts police;" and many other specific positions including but not limited to fire or police signal operators, and ambulance attendants of a municipal department who are required to respond to fires. (The type of employment classified in Group 2 tends to be somewhat more hazardous than employment in Group 1.)
- **Group 3:** This Group is entirely made up of members of the Massachusetts State Police.
- **Group 4:** Among the members of Group 4 are "members of police and fire department not classified in Group 1;" and many other specific positions including but not limited to correction officers, parole officers or parole supervisors, and certain enumerated employees of a municipal light plant. (Generally speaking, Group 4 encompasses the most hazardous occupations.)

**Service Prior to April 2, 2012:**

I entered service prior to April 2, 2012, and the following applies to me:

- ☐ I have service in more than one Group, and I choose to have my group classification prorated.
- ☒ I am presently in Group 1.
- ☐ I am presently in Group 2 and have performed services in Group 2 for a minimum of 12 months prior to retirement.
- ☐ I am presently in Group 4 and have performed services in Group 4 for a minimum of 12 months prior to retirement.

**Service On or After April 2, 2012:**

I entered service on or after April 2, 2012, and I understand that if I have service in multiple groups, my group classification time will be prorated. The following applies to me:

- ☐ During my public employment, I have served in more than one group.
- ☐ I am presently in Group 1, and have spent my entire public employment in Group 1.
- ☐ I am presently in Group 2, and have spent my entire public employment in Group 2.
- ☐ I am presently in Group 4, and have spent my entire public employment in Group 4.

**Employment History**

Please supply all periods of prior governmental service in the Commonwealth of Massachusetts.

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

GOVERNMENTAL  
UNIT

DEPARTMENT

POSITION

From:

To:

DATES EMPLOYED



**Application for Voluntary Superannuation Retirement**

Member Last Name: Petherick

First Name: Elaine

SSN: \*\*\*-\*\*-4 2 5 4

**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:

Elaine M. Petherick  
Elaine M. Petherick

Date:

9-2-2021

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

Name (Print):

Street Address:

City/Town:

Signature:

Kristin Rios  
28 Independence Dr.  
Walpole  
Kristin Rios

State: MA

Zip Code:

Date:

02081

9-2-2021

# 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:** 900B Washington Street

**City/Town:** Norwood

**Zip Code:** 02062

**Telephone:** (781) 762-1240

**Fax:**

## Member's Information:

Petherick

Elaine

\*\*\*-\*\*- 4 2 5 4

**Member's Last Name**

**Member's First Name**

**Social Security # (last four)**

**Street Address:** 12 Maxwell Avenue

**City/Town:** Norwood

**State:** MA

**Zip Code:** 02062

**Email:**

**Phone:** (781) 762-6962

## 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: Petherick

First Name: Elaine

SSN: \*\*\*-\*\*-4 2 5 4

**1. Explanation of Retirement Options**

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

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

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

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

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

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

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

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

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

SSN: \*\*\*-\*\*-4 2 5 4

**Choice of Option at Retirement**

Member Last Name: Petherick

First Name: Elaine

SSN: \*\*\*-\*\*-4 2 5 4

**2. Option A Only**

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

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

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

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

**Pro-Rata Recipient or Recipients:**% of  
Benefit\*\*

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

CO  
PI  
TO  
CO  
SE  
PA  
WA  
CA  
CA



**Choice of Option at Retirement**

Member Last Name: Petherick

First Name: Elaine

SSN: \*\*\*-\*\*-4 2 5 4

**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: Elaine M. Petherick

Signature: Elaine M. Petherick

Date: 9.2.2021

Social Security # (last four): \*\*\*-\*\*-4 2 5 4

**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): Kristin E. Rios

Street Address: 28 Independence Dr.

City/Town: Walpole

Witness' Signature: 

State: MA Zip Code: 02081

Date: 9.2.2021



# Introduction

## Application for Voluntary Superannuation Retirement

Pursuant to Massachusetts General Laws, Chapter 32, Sections 5, 10(1), 10(2) and 10(3)

Form Last Revised: February, 2020

The *Application for Voluntary Superannuation Retirement* allows a member to apply to receive a superannuation retirement allowance. This retirement allowance is based upon your age, years of service, group classification, and salary. Those who entered service prior to April 2, 2012 may also use this form to apply for a Termination Retirement Allowance pursuant to Massachusetts General Laws, Chapter 32, Section 32, Section 10(2).

- This Voluntary Superannuation form must be filed with your retirement board.
- A copy of your birth certificate, military discharge papers, marriage certificate and all other relevant documents must be filed with this application.
- A properly completed *Choice of Option at Retirement* form must accompany this application.
- If you are an active employee or on a leave of absence, you can apply for retirement with the board no earlier than four months before your intended date of retirement.

## Eligibility Criteria for a Superannuation Retirement:

### Minimum Requirements for Superannuation Retirement

#### Members Prior to April 2, 2012

Age at Retirement	Years of Creditable Service
Any age	20 years or more
55 or older	10 years or more (Groups 1 & 2)
55 or older	Any amount of creditable service (Group 4 only), subject to certain minimums

#### Members On or After April 2, 2012

Age at Retirement	Years of Creditable Service	Group
60	10 years or more	1
55	10 years or more	2
50	10 years or more	4
55	Any amount, subject to certain minimums	4

02/2020



# Application for Voluntary Superannuation Retirement

Pursuant to Massachusetts General Laws, Chapter 32, Sections 5, 10(1), 10(2) and 10(3)

Form Last Revised: February, 2020

2

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

**Name of Retirement Board:** Norwood

**Address:** 900B Washington Street

**City/Town:** Norwood

**Zip Code:** 02062

**Telephone:** (781) 762-1240

**Fax:**

## Member's Present Contact Information:

Gourdeau

Joseph

\*\*\*-\*\*- 8 5 1 1

**Member's Last Name**

**Member's First Name**

**Social Security # (last four)**

**Street Address:** 199 E Union St

**City/Town:** Ashland

**State:** MA **Zip Code:** 01721

**Email:** Pete5joe@yahoo.com

**Phone:** 617-899-6802

**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 \_\_\_\_\_ years and \_\_\_\_\_ months of creditable service.

My requested retirement date is: Oct 13, 2021

Public Works - Water Dept

**Agency or Department Retiring From\***

Water Craftsman

**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)

535 Mac Kingbird Ave

**Street and Number**

Myrtle Beach

**City/Town**

SC

**State**

29577

**Zip Code**

617-899-6802

**Phone #**

**Application for Voluntary Superannuation Retirement**

Member Last Name: Gourdeau

First Name: Joseph

SSN: \*\*\*-\*\*-8 5 1 1

**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: Gourdeau

First Name: Joseph

SSN: \*\*\*-\*\*-8 5 1 1

**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: Joseph E. Gourdeau

Signature: Joseph E. Gourdeau

Date: 8-8-21

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

Name (Print): Natacha Ngiabprakhon

Street Address: 124 Hilldale Ave

City/Town: S. Hampton

Signature: Natacha Ngiabprakhon

State: NH Zip Code: 03827

Date: 08/08/21



**Choice of Option at Retirement**

Member Last Name: Gourdeau

First Name: Joseph

SSN: \*\*\*-\*\*-8 5 1 1

**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.**

07-22-2015 13:40

# Choice of Option at Retirement

Member Last Name: Gourdeau

First Name: Joseph

SSN: \*\*\*-\*\*-8 5 1 1

## 2. Option A Only

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

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

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

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

### Pro-Rata Recipient or Recipients:

% of  
Benefit\*\*

Full Name: (First, MI, Last):

SSN/EIN\*:

Relationship to You:

Phone:

Date of Birth:

Address:

Full Name: (First, MI, Last):

SSN/EIN\*:

Relationship to You:

Phone:

Date of Birth:

Address:

Full Name: (First, MI, Last):

SSN/EIN\*:

Relationship to You:

Phone:

Date of Birth:

Address:

Full Name: (First, MI, Last):

SSN/EIN\*:

Relationship to You:

Phone:

Date of Birth:

Address:

Full Name: (First, MI, Last):

SSN/EIN\*:

Relationship to You:

Phone:

Date of Birth:

Address:

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

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

0%

2020



**Choice of Option at Retirement**

6

Member Last Name: Gourdeau

First Name: Joseph

SSN: \*\*\*-\*\*-8 5 1 1

**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: Joseph Gourdeau

Signature: Joseph C. Gourdeau

Date: 8-8-21

Social Security # (last four):

\*\*\*-\*\*-8 5 1 1

**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):

Natacha Ngiabprakhon

Street Address:

124 Hilldale Ave

City/Town:

S. Hampton

State:

NH

Zip Code:

03827

Witness' Signature:

Natacha Ngiabprakhon

Date:

08/08/21





Zimbra

dwilkes@norwoodma.gov

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**RE: BUyback**

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**From :** Thomas Gibson <thomas.gibson@thomasgibsonlaw.com>

Thu, Sep 02, 2021 03:10 PM

**Subject :** RE: BUyback**To :** Debbie <dwilkes@norwoodma.gov>

Hi Deb - Sorry for overlooking this one.

The Board has the obligation to correct errors in its records, and the error in this case (which is not uncommon for school and library employees) would be corrected by the Board's accepting liability for the pro-rated service as of the date she first became eligible, upon her payment of the appropriate contributions to Essex. The Board is not liable for the service prior to that date, but she can seek to purchase it from Essex, where she is now a member under s. 3(5).

Hope this answers your question.

Tom

Thomas F. Gibson  
Law Offices of Thomas F. Gibson  
2400 Massachusetts Avenue  
Cambridge, MA 02140-1854  
TEL: (617) 576-2400  
FAX: (617) 576-2876  
Email: thomas.gibson@thomasgibsonlaw.com

The information contained in this electronic message and any attachments to this message are intended for the exclusive use of the addressee(s) and may contain confidential or privileged information. If you are not the intended recipient, please notify the above immediately and destroy copies of this message and any attachments.

-----Original Message-----

From: Debbie Wilkes <dwilkes@norwoodma.gov>  
Sent: Thursday, September 02, 2021 10:59 AM  
To: Thomas Gibson <thomas.gibson@thomasgibsonlaw.com>  
Subject: Fwd: BUyback  
Importance: High

HI Tom

Sorry to bother you but have you had a chance to look at this issue regarding the Board's Liability to grant her creditable service.

Thanks.

Debbie

----- Forwarded Message -----

From: "Debby Wilkes" <dwilkes@norwoodma.gov>  
To: "Thomas Gibson" <thomas.gibson@thomasgibsonlaw.com>  
Sent: Friday, August 20, 2021 9:23:37 AM  
Subject: BUyback

Hi Tom

I seem to have way too many questions lately!

We had a member who started as a part time Sunday librarian. Years later she became a full time Librarian and began contributing to the System. She left, went to Brookline and we transferred her funds.

She then went to Essex County and Brookline transferred her funds to them.

She is now looking to buy service from when she was not a member of our System, from 7/2001 through 4/2008 .. originally the Board voted to not accept any liability for this service as she wasn't eligible to be in our System and never requested the buyback while in our System. However, after additional research it appears that she became eligible to join our System back in 2004 as she reached the 20 hour per week threshold but the Library never changed her payroll code to reflect her new status until 2008.

Is the Norwood Retirement System on the hook for for that pro-rated 2 years and 2 months but not for the 2001 through 2004 employment..which amounts to 1 year and 4 months?

I want to present this to the Board at our next meeting if in fact they need to reconsider the vote now that this has come to my attention.

Thanks.

Debbie

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# ESSEX REGIONAL RETIREMENT SYSTEM

491 Maple Street, Suite 202, Danvers MA 01923

978-739-9151 telephone

978-750-0745 fax

www.essexregional.com

86

Charles E. Kostro  
Executive Director

## Board Members:

Ira S. Singer

Kevin A. Merz

Susan J. Yaskell

H. Joseph Maney, Chair

Vincent R. Malgeri

October 25, 2020

Norwood Retirement Board  
556 Washington Street, 3<sup>rd</sup> Floor  
Norwood, MA 02062

RE: Kelly A. Unsworth  
SS: XXX-XX-1639

To Whom it May Concern,

The above-captioned member of the Essex Regional Retirement System has indicated she has service rendered under the jurisdiction of your retirement board. **Please note that we have already received a transfer of service from your board for Ms. Unsworth's service from 4/27/2008 - 10/25/2013, but we are requesting liability for Ms. Unsworth's Prior non-membership service rendered at the Norwood Children's Library from 2001 - 4/26/2008.** Please provide the following information:

1. Would this service have been considered membership service with your board?
2. Were retirement deductions taken for any period(s) of service?
3. Was this service refunded? If so, please provide a breakdown.
4. If the member still has funds on account, please transfer these funds.
5. Indicate the periods during each calendar year for which your board will accept liability under G.L. c.32 s.3(8)(c) and the amount of creditable service to be allowed for such periods. **If your board is not accepting liability, please state the reason for denial citing the regulation or policy.**

If you have any questions or require further assistance, please contact me at (978) 739-9151 ext. 103 or via e-mail at [mnicolazzo@essexrrs.org](mailto:mnicolazzo@essexrrs.org).

Sincerely,



Mike Nicolazzo  
Retirement Counselor

By *laurie*

2001 = 6956.25  
2002 = 16968.25  
2003 = 31280.99  
2004 = 26323.57  
2005 = 27165.73  
2006 = 29367.66  
2007 = 32358.17



Information : Employee Display

Query

<u>Parameter</u>	<u>Selection</u>	<u>Validation</u>
Payee	32436	
Start Pay Period	2004001	
End Pay Period	2004055	
Include SSN	N	N,Y
Detail	N	N,Y

Info

<u>Employee</u>	<u>Amount</u>	<u>Except Amt</u>	<u>Calc Amt</u>	<u>Units</u>	<u>Seq / Count</u>
UNSWORTH, KELLY A (32436)					
Range : 2004-001 to 2004-055					
C ATTEND INCEN PROGRAM (AIP)	0.00	87.50	0.00	1.00	1
C Miscellaneous (MIS)	0.00	161.60	0.00	1.00	1
C Regular Pay (REG)	0.00	25,959.80	0.00	1,053.00	27
C Retroactive (Sal) (RET)	0.00	363.77	0.00	1.00	1
C SUNDAY RATE-LIBRARY (SUN)	0.00	731.10	0.00	20.00	6
D FEDERAL WITHHOLDING (MFWT)	1,430.52	0.00	25,255.98	0.00	27
D MORRILL LIB STAFF AS (MLSA)	120.00	0.00	24,394.45	0.00	24
D STATE TAX (MMAW)	1,215.95	0.00	25,255.98	0.00	27
D MEDICARE (MMED)	395.90	0.00	27,303.77	0.00	27
D OBRA (OBRA)	2,047.79	0.00	27,303.77	0.00	27

*eligible  
in 2004*

*Cemos*

*2 years 2 months  
total library  
as she should have  
been a member  
a/o 2004  
14 yrs - no  
library*

Information : Employee Display

Query

<u>Parameter</u>	<u>Selection</u>	<u>Validation</u>
Payee	32436	
Start Pay Period	2005001	
End Pay Period	2005055	
Include SSN	N	N,Y
Detail	N	N,Y

Info

<u>Employee</u>	<u>Amount</u>	<u>Except Amt</u>	<u>Calc Amt</u>	<u>Units</u>	<u>Seq / Count</u>
-----------------	---------------	-------------------	-----------------	--------------	--------------------

UNSWORTH, KELLY A (32436)

Range : 2005-001 to 2005-055

C Regular Pay (REG)	0.00	27,067.45	0.00	1,049.50	27
C Retroactive (Sal) (RET)	0.00	98.28	0.00	1.00	1
C SUNDAY RATE-LIBRARY (SUN)	0.00	995.82	0.00	26.00	6
D FEDERAL WITHHOLDING (MFWT)	1,532.50	0.00	26,049.40	0.00	27
D MORRILL LIB STAFF AS (MLSA)	115.00	0.00	24,776.60	0.00	23
D STATE TAX (MMAW)	1,259.10	0.00	26,049.40	0.00	27
D MEDICARE (MMED)	408.36	0.00	28,161.55	0.00	27
D OBRA (OBRA)	2,112.15	0.00	28,161.55	0.00	27

6mo

Information : Employee Display

Query

<u>Parameter</u>	<u>Selection</u>	<u>Validation</u>
Payee	32436	
Start Pay Period	2006001	
End Pay Period	2006055	
Include SSN	N	N,Y
Detail	N	N,Y

Info

<u>Employee</u>	<u>Amount</u>	<u>Except Amt</u>	<u>Calc Amt</u>	<u>Units</u>	<u>Seq / Count</u>
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UNSWORTH, KELLY A (32436)

Range : 2006-001 to 2006-055

C Regular Pay (REG)	0.00	29,147.99	0.00	1,051.50	26
C Retroactive (Sal) (RET)	0.00	219.67	0.00	1.00	2
C SUNDAY RATE-LIBRARY (SUN)	0.00	993.27	0.00	24.00	8
D FEDERAL WITHHOLDING (MFWT)	1,829.41	0.00	28,083.84	0.00	26
D MORRILL LIB STAFF AS (MLSA)	115.00	0.00	27,013.72	0.00	23
D STATE TAX (MMAW)	1,371.09	0.00	28,083.84	0.00	26
D MEDICARE (MMED)	440.23	0.00	30,360.93	0.00	26
D OBRA (OBRA)	2,277.09	0.00	30,360.93	0.00	26

6 mos



Information : Employee Display

Query

<u>Parameter</u>	<u>Selection</u>	<u>Validation</u>
Payee	32436	
Start Pay Period	2007001	
End Pay Period	2007055	
Include SSN	N	N,Y
Detail	N	N,Y

Info

<u>Employee</u>	<u>Amount</u>	<u>Except Amt</u>	<u>Calc Amt</u>	<u>Units</u>	<u>Seq / Count</u>
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UNSWORTH, KELLY A (32436)

Range : 2007-001 to 2007-055

C Regular Pay (REG)	0.00	32,358.17	0.00	1,099.00	27
C SUNDAY RATE-LIBRARY (SUN)	0.00	917.13	0.00	21.00	7
D FEDERAL WITHHOLDING (MFWT)	2,172.73	0.00	30,779.62	0.00	27
D MORRILL LIB STAFF AS (MLSA)	120.00	0.00	30,292.99	0.00	24
D STATE TAX (MMAW)	1,510.23	0.00	30,779.62	0.00	27
D MEDICARE (MMED)	482.45	0.00	33,275.30	0.00	27
D OBRA (OBRA)	2,495.68	0.00	33,275.30	0.00	27

6 mos

## Information : Employee Display

## Query

<u>Parameter</u>	<u>Selection</u>	<u>Validation</u>
Payee	32436	
Start Pay Period	2008001	
End Pay Period	2008055	
Include SSN	N	N,Y
Detail	N	N,Y

## Info

<u>Employee</u>	<u>Amount</u>	<u>Except Amt</u>	<u>Calc Amt</u>	<u>Units</u>	<u>Seq / Count</u>
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UNSWORTH, KELLY A (32436)

Range : 2008-001 to 2008-055

C Regular Pay (REG)	0.00	34,477.61	0.00	1,136.00	26
C SUNDAY RATE-LIBRARY (SUN)	0.00	1,092.72	0.00	24.00	8
D FEDERAL WITHHOLDING (MFWT)	2,350.27	0.00	32,303.53	0.00	26
D MORRILL LIB STAFF AS (MLSA)	120.00	0.00	33,005.74	0.00	24
D STATE TAX (MMAW)	1,725.66	0.00	34,759.96	0.00	26
D MEDICARE (MMED)	515.68	0.00	35,570.33	0.00	26
D TOWN RET 9-11% (MTP2)	276.69	0.00	13,834.75	0.00	18
D TOWN RET 9% (MTP9)	2,179.74	0.00	24,219.31	0.00	18
D OBRA (OBRA)	810.37	0.00	10,804.66	0.00	8

2 mos