

ESSEX REGIONAL RETIREMENT SYSTEM

491 Maple Street, Suite 202, Danvers MA 01923

Telephone: 978-739-9151

Email: info@essexrrs.org

www.essexregional.com

PRE-COUNSELING RETIREMENT QUESTIONNAIRE

Instructions for completing this form: *This form contains two parts. Part I asks you to provide information that may affect your retirement benefit. Part II asks you to read several statements regarding laws or regulations that may also affect your retirement benefit. Please complete this form prior to requesting a retirement benefit estimate, or prior to meeting with retirement system staff to discuss your retirement account.*

Members may also create their retirement estimates using the employee/retiree portal on the retirement system website, www.essexregional.com. If you create an estimate using the employee/retiree portal, you do not need to complete and submit this form.

This form does not take the place of a notice of intent to retire or of an official retirement application. This form is merely to assist the retirement system in obtaining important, preliminary information about your retirement account.

Your Name: _____ **Date:** _____

Phone Number: _____ **Email:** _____

Potential Retirement Date(s): _____

Part I

Please answer each question to the best of your ability:

- ☐ I was enrolled in the Essex Regional Retirement System on: _____
- ☐ Since my enrollment in the Essex Regional Retirement System, I have:
 - ☐ Always worked in a full-time position (35 or more hours per week.)
 - ☐ Always worked in a part-time position (less than 35 hours per week.)
 - ☐ Have worked a mix of full-time and part-time during my career.
 - ☐ If part-time, approximate dates: _____
 - ☐ Have worked less than 20 hours per week during my career.
 - ☐ If less than 20 hours, approximate dates: _____
- ☐ Since I was enrolled in the Essex Regional Retirement System, I have had a break-in-service where I did not work and did not contribute any retirement deductions.
 - ☐ The dates of my break-in-service are: _____
- ☐ During my membership in the Essex Regional Retirement System I received workers compensation payments.
 - ☐ I received workers compensation from: _____

- ☐ During my public employment I had received wages from a position that is in addition to the position which qualified me for membership in the retirement system (i.e., a “second position”).)
- ☐ I am subject to a Collective Bargaining Agreement (CBA)

PART II

Please check that you have read all of the statements below, even if you believe that the statement does not apply to you.

- ☐ The retirement system’s supplemental regulations provide that effective as of September 24, 1996, a member who has rendered membership service in both a full-time and part-time capacity, shall receive full credit for all full-time service and prorated credit for part-time service based on 150 hours being the equivalent of one (1) month of service.
- ☐ The retirement system’s supplemental regulations provide that effective as of May 1, 2017, any member in service, whose status is changed so that they are employed less than 20 hours per week, but who continues to receive at least \$5,000 in regular compensation, shall receive prorated credit for this membership service with 150 hours being the equivalent of one (1) month of service.
- ☐ Only earnings that qualify as regular compensation (wages that are subject to retirement deduction withholdings) will be included in a retirement benefit calculation.
- ☐ Wages paid to reserve or intermittent police officers and call firefighters do not qualify as regular compensation.
- ☐ Submitting this form does not take the place of filing a notice of intent to retire with the retirement system, nor does this form take the place of filing an application for retirement benefits.

Thank you for completing this questionnaire. Your cooperation is greatly appreciated.

Please date and sign:

Your Signature: _____

Date: _____

Disclaimer: *Members should be aware that any retirement estimate may not be reflective of your final retirement benefit. A formal audit of your account will only take place at the time of retirement, and in the event at the time of the audit it is determined that your account needs to be adjusted and your benefit changed, any estimate that is provided will have no binding effect or give rise to any equitable action based on detrimental reliance.*