

# ESSEX REGIONAL RETIREMENT SYSTEM

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## VESTED MEMBER ACKNOWLEDGEMENT

I, \_\_\_\_\_, a vested member of the Essex Regional Retirement System, do hereby request a refund of my accumulated total deductions in the Annuity Savings Fund of said System.

I fully understand that in accepting a refund/rollover of my accumulated total deductions, I am waiving all present and future benefits to which I, my heirs, or legal representatives may have been entitled had I accepted a retirement allowance under the provisions of Sections 1-28 of Chapter 32 of the General Laws.

I also understand that in waiving said retirement allowance *I will lose my rights to present and future health insurance benefits* to which I may have been entitled under Massachusetts General Law Chapter 32B as a retiree of said System.

I also certify that I am not receiving workers' compensation benefits under Section 152.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Witness:** (Must be spouse if married)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

*Please attach copy of member's identification. (e.g. license/photo i.d./passport)*

### -NOTARY PUBLIC-

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Commission Expires:** \_\_\_\_\_