

# ESSEX REGIONAL RETIREMENT SYSTEM

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## RETIREMENT ESTIMATE/APPLICATION QUESTIONNAIRE

**Please Read Prior to Completing this Form:** *To insure the accuracy of any retirement estimate that may be provided to you, please check all of the statements below that apply to you to the best of your ability. If you have any questions regarding this form, please contact the retirement system and we will be happy to assist you. Thank you for your cooperation.*

**Your Name:** \_\_\_\_\_

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

*Please check all that apply:*

- I am requesting an estimate of my future retirement benefit but I am not planning to retire at this time.
- I am submitting an application for a superannuation retirement benefit.
- I am submitting an application for an ordinary or accidental disability retirement benefit.
- Please check this box after reading the following: I understand that the retirement system regulations effective as of August 2014 state that any member in service who is not permanently employed, either by contract or written or oral agreement, at least 20 hours per week and earning at least \$5,000 in regular compensation per year will not receive any creditable service.
- During my membership in the Essex Regional Retirement System I never worked less than 20 hours per week and I never made less than \$5,000 in any calendar year.
- During my membership in the Essex Regional Retirement System I did work less than 20 hours per week or I made less than \$5,000 in a calendar year.
- During my membership in the Essex Regional Retirement System I always worked a full-time schedule of thirty-five (35) hours per week or more.
- During my membership in the Essex Regional Retirement System I rendered membership service in both a fulltime and part-time capacity after September 1996. If you check this box, please read and check the next box below:
  - 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 the full-time equivalency of 150 hours being the equivalent of one (1) month of service.

- During my membership in the Essex Regional Retirement System I received workers compensation payments.
- During my membership in the Essex Regional Retirement System I was on unpaid leave. Please list the dates of your unpaid leave: \_\_\_\_\_.
- Please check this box if you had a break-in-service that is not listed on this form.
- I have previously purchased prior non-membership service from the retirement system.
- I have previously submitted an application to purchase military service to the retirement system, **but I did not purchase this service.**
- I have service as an elected official.
- 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 (hereinafter referred to as the “second position”.) If you checked this box, please check all of the boxes below:
  - I understand that wages paid to a member who is performing duties for any employer within the retirement system in a second position may be considered as regular compensation, even if the second position, in and of itself, would not qualify the individual for membership.
  - I understand, however, that in order to be considered regular compensation, the payments made to a member in a second position must be regular, recurring and predictable. For instance, the second position must have a set schedule. Further, in order for payments made to the member to be considered regular compensation, the second position must be a permanent assignment, meaning that there is no predetermined end date, unless such end date shall be established by law.
  - I understand that wages paid to reserve or intermittent police officers and call firefighters who are paid on a per call basis and who do not have a permanent schedule of indefinite duration are not considered regular compensation.

*Thank you for completing this form. Please submit this form to an ERRS Retirement Counselor who will assist you with your retirement account. Please complete this form by signing below. Your cooperation is greatly appreciated.*

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

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