



JUN 06 2018

**SUPERANNUATION  
 RETIREMENT APPLICATION**

Please complete all required sections.  
 Incomplete applications will delay processing.

**1. MEMBER INFORMATION (required)**

I respectfully request superannuation under the provisions of Section 1 to 28 inclusive of Massachusetts General Laws Chapter 32.

Name: Stanley Charles Rosenberg SS#: [REDACTED]

I wish to retire on: (MM/DD/YYYY) May 1, 2018 with 38 years and 5 months of service

All Former Names:

Date of Birth: (Proof of Birth Required) [REDACTED] Are You a Veteran?  No  Yes (include copy of DD-214)

Marital Status:  Single  Married  Divorced Gender:  M  F

Current or Last Place of State Employment: Mass State Senate

Position/Title: State Senator

Retirement Group\* (If Known):  1  2  3 (State Police only)  4

\*Note: You must submit a separate Group Classification Questionnaire for each Group 2, or Group 4 classification request.

**2. CONTACT INFORMATION (required)**

E- Mail Address: [REDACTED]

Present Address: [REDACTED]

City: [REDACTED] State: MA Zip: [REDACTED]

Home Phone: [REDACTED] Work Phone: N/A

Address after Retirement (If Different):

City: State: Zip:

**3. SPOUSE INFORMATION (If Applicable)**

Spouse's Name: [REDACTED]

Spouse's Address (If Different): [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Is Spouse a Retiree of a Massachusetts State, City, Town or County Government?  No  Yes

**4. MEMBER SIGNATURE (required - application will NOT be processed without signature)**

- All statements on this application are true statements made under the penalties of perjury.
- I understand that no changes can be made to my retirement or to my option selection after my retirement date.
- I understand that there are three (3) retirement OPTIONS - A, B, or C - and that if I do not choose an option by completing the Option Selection Form on page 5, I will be automatically retired under OPTION B.

Sign Here: X Stanley Rosenberg Member Signature June 6, 2018 Date

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Member Name: Stanley C Robinson SS#: [REDACTED]

**5. LIST ALL SERVICE WITH STATE, CITY OR COUNTY GOVERNMENT (required\*)**

Department or Subdivision:	Start Date:	Date Service Ended:
Univ of Massachusetts Amherst	4/27/76	5/4/18
House of Representatives		
Mass State Senate		

\*use additional sheet if necessary

**6. MEMBER QUESTIONNAIRE (required)**

a. Are you applying for a termination retirement under Section 10(2)(a) of Chapter 32?  No  Yes  
 If YES, please attach a Termination Retirement Allowance Employer Certification Form with this application.  
 See additional information on termination retirement in the instructions on page 8.

b. Have you ever been convicted of an offense involving the funds or property of your place of employment?  No  Yes

c. Have you ever been convicted of an offense involving your position while in state service?  No  Yes

If yes to either of the above, please describe the offense(s): \_\_\_\_\_

d. Have you ever taken a refund?  No  Yes

If YES, do you wish to buy back time?  No  Yes

Have you completed a buyback?  No  Yes

Do you have a buyback in progress?  No  Yes

e. Have you ever been on an industrial accident leave?  No  Yes

If yes, what years?

f. If divorced, are you a party to a Domestic Relations Order?  No  Yes  Don't Know

(If Yes, please include a copy of your Domestic Relations Order)



# State Retirement Board

One Winter Street, 8th Floor, Boston, MA 02108

## RETIREMENT OPTION SELECTION FORM

MEMBER NAME:

*Stanley G Rosenberg*

SSN:



### 1. CHOOSE ONE OPTION (required) Read the OPTION PROVISIONS on the following page and then check box A, B, or C.

**A**

#### Option A - NO SURVIVOR RETIREMENT BENEFITS

I request my pension be paid in accordance with Option A as provided in Section 12, subsection 2 of Chapter 32. If choosing A, please complete sections 2 and 3 on this page. Do not complete section 4.

**B**

#### Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH

I request my pension be paid in accordance with Option B as provided in Section 12, subsection 2 of Chapter 32. If choosing B, please complete sections 2, 3, and 4 (beneficiary information on following page).

**C**

#### Option C - JOINT SURVIVOR ALLOWANCE

I request my pension be paid in accordance with Option C as provided in Section 12, subsection 2 of Chapter 32. If choosing C, please complete beneficiary information below and sections 2 and 3. Do not complete section 4.

#### OPTION C BENEFICIARY INFORMATION (required only if choosing option C):

Please do not complete this section if selecting Option B. A copy of the beneficiary's birth certificate and if spouse, a copy of your marriage license is required if Option C is selected and must be included with this application.

Option C Beneficiary:



Gender:

M  F

(Please print)

Date of Birth:

Relationship to Member:

*Spouse*

Address/City/State/Zip:



### 2. MEMBER SIGNATURE (required)

I have read and understand the provisions of Option C selected above.  
(enter option selection: A, B, or C)

Member Signature:

*Stanley G Rosenberg*

Date:

*June 6, 2018*

### 3. WITNESS SIGNATURE (required)

If married, the witness must be your spouse. Witness CANNOT be a beneficiary unless the witness is your spouse.

Witness Signature:



Date:

*June 6, 2018*

Print Name:



Address:



Please complete section 4 on following page only if selecting Option B.

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