

WORCESTER RETIREMENT SYSTEM
ROOM 103 • CITY HALL • WORCESTER MA 01608-1811 • PHONE (508) 799-1062

RETIREMENT ESTIMATE REQUEST

PLEASE COMPLETE THIS FORM AND FORWARD TO RETIREMENT OFFICE

NAME (please print): _____ | SSN: xxx-xx-_____ |

Dept: _____ | Position: _____ | Union: YES NO

Estimated Date(s) of Retirement (Up to 4 Dates):

Option C Beneficiary, Relationship, and Date of Birth:

Name: _____

Relationship: _____

DOB: _____

Are you subject to QDRO: Yes No

Do you have any other Massachusetts Public Service: Yes No

If Yes please specify where: _____

Are the funds still on file? : Yes No

If you took a refund, are you interested in buying back the refunded time? Yes No

Would you like your estimate(s) e-mailed to your worcester.gov or worcesterschools.net e-mail?

If yes please provide city issued e-mail: _____

If you are a veteran and are interested in buying back your military service please contact the retirement office

Signature: _____ Date: _____

Contact # : () - _____

**Once request is received, processing may take up to two weeks.*

*** Please contact the office with any questions at 508-799-1062*