

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): _____

Social Security No.: _____

Dept: _____

Request Estimate as of (Date): _____

Options Requested: A: ____ B: ____ C: ____

Your Date of Birth: _____

Spouse Date of Birth: _____

Other Massachusetts Public Service: _____

Military Service Purchased or Pending Purchase: _____

Signature _____

Date _____

Print Form