



# WELCOME!

## The Watertown Contributory Retirement System

Dear City of Watertown Employee:

By law, as a permanent employee of the City of Watertown, working a minimum of 20 hours per week, you are **required** to become a member of the Watertown Contributory Retirement System.

The information requested on the enclosed New Member Packet is required in order to establish your annuity savings account. Accordingly, please read the instructions carefully; it is very important that you provide complete and accurate information.

### **Packet Includes the Following:**

- **New Member Enrollment Form:**
  - This is the form where you should list, among other things, any prior municipal service.
- **Beneficiary Selection Form(s):**
  - There are two types of beneficiaries – Lump Sum & Option (D). You do not need to fill out both forms, but you **must have a designated beneficiary on file**. We have also provided instructions and information on the different selections.
- **Notice of Potential Veterans' Benefits:**
  - If you are a Veteran or currently in the reserves, please read through this form carefully. You could be eligible for an additional benefit!!

After you have completed the packet, it must be submitted to the retirement office **along with a copy of your Birth Certificate.**

Enrollment is a benefit and an important part of your financial future. As an eligible member, you will make contributions to the retirement system's pension fund. \*Your department's payroll clerk will begin taking deductions from your salary on the date you are eligible for membership. Your deductions will then be posted to an individual annuity savings account in your name for your retirement. At the end of every calendar year, you will receive a statement showing the balance of your contributions and accumulated interest.

Please do not hesitate to contact the retirement office at 617-972-6456 with any questions or concerns you may have pertaining to the enclosed information or your retirement benefits in general; or if you would like to obtain a copy of one of the several Public Employee Retirement Administration Commission's (PERAC) Public Employee Retirement Guides.

The Board and staff of the Watertown Contributory Retirement System welcomes you and wishes you a long and satisfying career with the City of Watertown.

**\*IMPORTANT:** *If your retirement contributions to the retirement system do not correspond with the effective date of membership, you will be required to pay the system any amounts not withheld. Please verify that your payroll check stubs reflects the appropriate contribution rate of 'CTY' deductions.*



## ABOUT YOUR MEMBERSHIP IN The Watertown Contributory Retirement System

### AM I ELIGIBLE TO BECOME A MEMBER OF THE WATERTOWN RETIREMENT SYSTEM?

If you are employed by the City of Watertown on a permanent basis, holding a position which requires you to work a minimum of 20 hours per week, you are eligible to become a member.

### AM I REQUIRED TO BECOME A MEMBER OF THE WATERTOWN RETIREMENT SYSTEM?

According to the Massachusetts Retirement Law (Chapter 32 of the MA General Laws), you must become a member of the system if you meet the eligibility requirements.

### HOW MUCH AM I REQUIRED TO CONTRIBUTE?

You are required to contribute a set percentage of your salary and if applicable, an additional 2% on any salary over \$30,000 through regular payroll deductions. Your contribution rate is established by the MA Retirement Law and is determined by the date on which you first became eligible for membership in a MA contributory retirement system and from which you continuously maintained your funds on account.

If the date on which you became a member of a Massachusetts contributory retirement system and from which you continuously maintained your funds on account is:

	<b>Your contribution rate is:</b>	
♦ Before January 1, 1975 .....		5 %
♦ January 1, 1975 through December 31, 1983 .....		7 %
♦ January 1, 1984 through June 30, 1996 .....		8 %
♦ July 1, 1996 or after .....		9 %

Whether you are subject to the 2% over \$30,000 deduction (OVER 30 PLUS) is determined by your membership date.

If the date on which you became a member of a Massachusetts contributory retirement system and from which you continuously maintained your funds on account is:

	You are:
♦ Before January 1, 1979 .....	NOT subject to the OVER 30 PLUS
♦ On or after January 1, 1979 .....	Subject to the OVER 30 PLUS

### WHAT HAPPENS TO MY CONTRIBUTIONS?

The retirement office establishes and maintains an individual annuity savings account in your name for your retirement. At the end of every calendar year, you will receive a statement showing the balance of your contributions and accumulated interest.

### WHAT TYPE OF RETIREMENT PLAN IS THIS?

Your pension plan is considered a defined benefit plan that operates as a qualified plan under section 401(a) of the Internal Revenue Code. As a defined benefit plan, your retirement allowance is calculated using 1) your years of creditable service 2) your age at retirement and 3) your highest average salary for \*36 (Pre 04/02/12) **OR** \*60 (Post 04/02/12) consecutive months. Your retirement allowance is not based solely on your contributions to the system.

### WILL I HAVE ACCESS TO THE FUNDS IN MY ANNUITY SAVINGS ACCOUNT?

No. The funds must remain in your account with the system until you retire, die or become an inactive member who is eligible to receive a refund.

### WHEN WILL I BE ELIGIBLE TO RECEIVE A RETIREMENT ALLOWANCE?

Your eligibility to receive a retirement allowance depends of both your **date of hire** and the **group** you are in:

	PRE 04/02/12	POST 04/02/12
<b>GROUP 1</b>	Age 55 with <u>at least</u> 10 years of creditable service. <b>OR</b> At least 20 years of creditable service at any age.	Age 60 with <u>at least</u> 10 years of creditable service.
<b>GROUP 2</b>	Age 55 with <u>at least</u> 10 years of creditable service. <b>OR</b> At least 20 years of creditable service at any age.	Age 55 with <u>at least</u> 10 years of creditable service.
<b>GROUP 4</b>	Age 55 <b>OR</b> Any age with at least 20 years of creditable service.	Age 55

**IMPORTANT:** This material is not intended as a substitute for the MA General Laws nor will its interpretation prevail should a conflict arise between its' contents and MGL c. 32. Rules governing retirement benefits are subject to change periodically either by statute of the MA Legislature or by regulation of the Watertown Retirement Board.





**PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION**  
FIVE MIDDLESEX AVENUE, SUITE 304 | SOMERVILLE, MA 02145

# Introduction

## New Member Enrollment

Form Last Revised: February, 2020

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The *New Member Enrollment* Form allows a newly hired employee to apply for membership in a public retirement system. The form must be completed by any new employee regardless of his or her past employment with any governmental entity. Certain information on this form must be provided by the Payroll/Personnel Department and verified by the retirement board.

A new member must also complete the *Beneficiary Selection Form for Refund of Accumulated Deductions* and, if applicable, the *Beneficiary Selection Form (Option D)*.

# New Member Enrollment

Form Last Revised: February, 2020

**Retirement Board:** Please enter your retirement board information here.

<b>Name of Retirement Board:</b>	Watertown Retirement Board		
<b>Address:</b>	Administration Building, 149 Main Street		
<b>City/Town:</b>	Watertown, MA	<b>Zip Code:</b>	02472
<b>Telephone:</b>	617-972-6456	<b>Fax:</b>	617-923-3531

## Employee Information

<b>Employee Last Name:</b>	<b>First Name:</b>	<b>M.I.:</b>
<b>Social Security # (Entire #):</b>	<b>Phone #:</b>	<b>Sex:</b>
<b>Street Address:</b>		
<b>City/Town:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Birth/Former Name (if different)</b>	<b>Email:</b>	
<b>Date of Birth*:</b>	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced*	
<b>Spouse's Name:</b>	<b>Spouse's DOB:</b>	<b># of Children:</b>

Your Retirement Board will request a copy of birth records, military discharge papers and other pertinent data.  
 \*If Divorced and you have a Qualified Domestic Relations Order (QDRO), please attach a copy.

## Current/Prior Retirement System Membership

List prior or current public retirement system membership:

Are you retired from any other Massachusetts public retirement system?  YES  NO

Were you ever a member of any other Massachusetts public retirement system?  YES  NO

List prior or current public retirement system membership:

SYSTEM	DATES OF MEMBERSHIP		ARE YOUR FUNDS STILL ON DEPOSIT?	
	From:	To:	YES	NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you wish to purchase past creditable service, please ask your Retirement Board about your options.

Did you ever work for or do you currently work for the Commonwealth or one of its political subdivisions for which you were not/are not a contributing member of a retirement system?  YES  NO



Member Last Name:

First Name:

SSN: \*\*\*-\*\*-\_\_\_\_

**Other Public Employment in Massachusetts**

List prior or current public employment in Massachusetts or one of its political subdivisions (Non-membership):

EMPLOYER	DATES OF EMPLOYMENT	
	From:	To:

**Veteran Status**

Are you a veteran?

YES  NO

If **YES**, please enter dates of service and attach a copy of your military discharge papers, Forms DD-214, DD-215, DD-256, NGB 22, or NGB 22A.

**DATES OF ACTIVE SERVICE**

From:	To:

I hereby authorize the Treasurer to withhold the proper percentage of my regular compensation due on each pay period and to deposit such deductions to my credit in the annuity savings fund. I understand the full amount of such deductions, with regular interest as provided by law, will be returned to me upon my written request if I terminate my service, unless I plan to accept a position which would entitle me to become a member of any other contributory retirement system in the Commonwealth or other conditions apply. In the event that I die before retiring, my named beneficiary or beneficiaries may receive survivor benefits **OR** a refund of my accumulated total deductions as allowed by law.

I sign this application under the penalties of perjury. I affirm that the information presented in this application is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of my benefits as well as civil and criminal penalties.

**Applicant's Signature:**

Print Employee's Name:

Employee's Signature:

Date:

Member Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

SSN: \*\*\*-\*\*-\_\_\_\_\_

**Payroll/Personnel Department**

*\* See Attached!*

To be completed by Payroll/Personnel Department and verified by Retirement Board:

Check base rate to be deducted for retirement:

- 5%    7%    8%    9%    Additional 2%

If 5%, 7%, or 8%, state reason: \_\_\_\_\_

Current Rate of Regular Compensation per Pay Period: \$ \_\_\_\_\_

Employment Status (Check ALL that apply):

- Permanent    Temporary    Full-time    Part-time    50%    75%    Other: \_\_\_\_\_

Agency/Dept: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Starting Date of Present Position: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

**Retirement Board**

To be completed by Retirement Board:

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

Annual Regular Compensation: \$ \_\_\_\_\_

% to be Deducted \_\_\_\_\_

Current Group Classification: \_\_\_\_\_

The member should also complete the *Beneficiary Selection Form (Refund)* or if applicable, the *Beneficiary Selection Form (Option D)*.



# Instructions for Completing Your Beneficiary Selection Form

As an active member of the Watertown Retirement System who is making regular payroll contributions, you automatically provide a survivor benefit in the event that you die while you are still in active service. You need to have a designated beneficiary on record with our office so that we can pay out this benefit in accordance with your wishes. The benefit amount is based on the type of beneficiary you select. If at the time of your death, you have no surviving spouse or dependent children, no beneficiary on record with us or no living beneficiaries, we will issue a lump-sum payment to your estate.

**There are two types of beneficiaries:**

➤ **Return of Accumulated Total Deductions in Lump Sum:**

If you want your beneficiary or beneficiaries to receive your accumulated contributions and interest in a single, lump sum amount, you should complete this section. There are no restrictions on who may be a lump-sum beneficiary and you may name more than one person or entity (for example, your estate or a charity) if you desire. If you do name more than one person or entity, however, be sure to indicate the percentage of your benefit that each beneficiary should receive (the total must equal 100%). If you fail to indicate a percentage, we will distribute the balance equally among the beneficiaries. If you want to designate more than four beneficiaries, please attach an additional sheet.

➤ **Option (D) Beneficiary:**

If you want your beneficiary to receive a monthly allowance instead of a lump-sum payment, you should complete this section. Option (D) member-survivor allowance provides your beneficiary with a monthly allowance based on four factors: your age, your salary average, your years of creditable service and the age of your beneficiary. The allowance is calculated as if you had retired on the date of your death. **An Option D beneficiary must be your parent, sibling, child, spouse or former spouse who has not remarried.**

You may designate both a member-survivor beneficiary and a lump-sum beneficiary(ies); however, **they may not be the same person.** If you should die while you are an active member of the Watertown Retirement System and you have designated both types, the System must pay the Option D Beneficiary the entire survivor benefit. If, however, the named Option D Beneficiary is not alive at the time of your death or is your former spouse who has since remarried, we will allocate your accumulated contributions and interest to the named lump-sum beneficiary(ies).

**We hope you find the Beneficiary Selection Form to be self explanatory. However, if you have any questions, please feel free to contact the retirement office at 617-972-6456.**



# Introduction

## Beneficiary Selection Form for Refund of Accumulated Deductions (If Member Dies Before Retirement)

Pursuant to Massachusetts General Laws, Chapter 32, Section 11(2)(c)

Form Last Revised: February, 2020

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The *Beneficiary Selection Form for Refund of Accumulated Deductions* allows a member to select a beneficiary or beneficiaries to receive payment of accumulated deductions and other payments due a member if the member dies before retirement, as described at Massachusetts General Laws, Chapter 32, Section 11(2)(c).

The following needs to be kept in mind:

- This form must be filed with the retirement board.
- If you have designated an eligible beneficiary who is alive at the time of your death on the *Beneficiary Selection Form for Option D*, then the money in your annuity account will not be disbursed to anyone in a one-time lump-sum payment, even if you have designated them on this form.
- Any person or entity may be designated as your Refund of Accumulated Deductions beneficiary under Section 11(2)(c). You may designate multiple beneficiaries and must indicate the percentage of the annuity account that you wish each beneficiary to receive. The percentages must total 100%.
- Your selection of a beneficiary on this form also may be superseded by an eligible spouse under the provisions of Option D.
- If your personal situation changes (e.g. divorce, a domestic relations order goes into effect, your beneficiary dies), you should file a new form with your retirement board.
- If you file a new Section 11(2)(c) form with your retirement board, it will supersede any and all prior Section 11(2)(c) forms filed previously by you.
- When you sign this form, it should be witnessed by a disinterested party.
- This form becomes void upon your retirement.



# Beneficiary Selection Form for Refund of Accumulated Deductions (If Member Dies Before Retirement)

Pursuant to Massachusetts General Laws, Chapter 32, Section 11(2)(c)

Form Last Revised: July, 2019

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**Retirement Board:** Please enter your retirement board information here.

**Name of Retirement Board:** Watertown Retirement Board

**Address:** Administration Building, 149 Main Street

**City/Town:** Watertown, MA

**Zip Code:** 02472

**Telephone:** 617-972-6456

**Fax:** 617-923-3531

## Member's Information:

		***_**_
<b>Member's Last Name</b>	<b>Member's First Name</b>	<b>Social Security # (last four)</b>
<b>Street Address:</b>		
<b>City/Town:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Email:</b>		
<b>Phone:</b>		

## Choice of Beneficiary or Beneficiaries to Receive a Refund of Accumulated Total Deductions at Member's Death:

- Any person or entity may be a beneficiary under Massachusetts General Laws, Chapter 32, Section 11(2)(c). Give complete name and address of each beneficiary on the next page.

I, (Print Name) \_\_\_\_\_, a member of the Watertown Retirement System hereby request the Retirement Board to pay any sum referred to in Massachusetts General Laws, Chapter 32, Section 11(2)(c) due at my death to the following beneficiary or beneficiaries in the proportions designated on the next pages.

# Beneficiary Selection Form for Refund of Accumulated Deductions

Member Last Name:

First Name:

SSN: \*\*\*-\*\*-\_\_\_\_

## PRIMARY LUMP-SUM BENEFICIARY(IES)

Do NOT name any one person or entity as a beneficiary more than ONCE in this section.

### Primary Lump-Sum Beneficiary Information:

Primary Lump-Sum Beneficiary Information:			% of Benefit**
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			

\*Beneficiary's full Social Security Number (SSN) or Employer Identification Number (EIN), if an organization.

\*\*Total must equal 100%; if no percentages are indicated, benefit will be allocated equally among lump-sum beneficiaries.

0%

## CONTINGENT LUMP-SUM BENEFICIARY(IES)

In the event that none of the named primary lump-sum beneficiary(ies) above, are alive, or, if an organization, still operating, as of your death.

### Contingent Lump-Sum Beneficiary Information:

Contingent Lump-Sum Beneficiary Information:			% of Benefit**
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			
Full Name: (First, MI, Last):	SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:	
Address:			

\*Beneficiary's full Social Security Number (SSN) or Employer Identification Number (EIN), if an organization.

\*\*Total must equal 100%; if no percentages are indicated, benefit will be allocated equally among lump-sum beneficiaries.

0%



# Beneficiary Selection Form for Refund of Accumulated Deductions

Member Last Name:

First Name:

SSN:

\*\*\*-\*\*-\_\_\_\_\_

I understand that my selection may be superseded if I die with an eligible beneficiary under Option D.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement, this form becomes void.

The types of payments covered under Massachusetts General Laws, Chapter 32, Section 11(2)(c) include:

- The one-time payment of the accumulated deductions credited to a member's account in the annuity savings fund at the date of death when the member's death occurs prior to his/her retirement.
- Any amounts payable to a member at his or her death.

### Member's Signature:

Print Name:

Signature:

Date:

### To Be Completed By Witness (should be disinterested party):

Name (Print):

Street Address:

City/Town:

Signature:

State:

Zip Code:

Date:



# Introduction

## Beneficiary Selection Form - Option D (If Member Dies Before Retirement) Pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d)

Form Last Revised: February, 2020

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The *Beneficiary Selection Form - Option D* allows a member to select an eligible beneficiary to receive an allowance if the member dies before retirement. This is the Member Survivor allowance described at Massachusetts General Laws, Chapter 32, Section 12(2)(d) ("Option D").

The following needs to be kept in mind:

- This form must be filed with the retirement board.
- If you designate an eligible beneficiary on this form, and that beneficiary is living at the time of your death, the money in your annuity account will not be disbursed to anyone in a one-time, lump-sum payment, even if you have named them to receive such money on your *Beneficiary Selection Form for Refund of Accumulated Deductions*.
- You may name only one person as the Option D beneficiary. That one person may be your spouse, your former spouse who is not remarried at the time of your death, your child, your father, your mother, your sister or your brother.
- If you select a beneficiary other than the spouse to whom you are married at the time of your death, your selection on this form may be superseded by the eligible spouse under the provisions of Option D if you die before retirement.
- If your personal situation changes (e.g. divorce, a domestic relations order goes into effect, your beneficiary dies), you should file a new form with your retirement board.
- If you file a new Option D form with your retirement board, it will supersede any and all prior Option D forms previously filed by you.
- When you sign this form, it should be witnessed by a disinterested party.
- To cancel an Option D beneficiary designation prior to retirement, your written notice must be filed with the retirement board.
- This form becomes void upon your retirement.



# Beneficiary Selection Form - Option D (If Member Dies Before Retirement)

Pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d)

Form Last Revised: July, 2019

2

**Retirement Board:** Please enter your retirement board information here.

**Name of Retirement Board:** Watertown Retirement Board

**Address:** Administration Building, 149 Main Street

**City/Town:** Watertown, MA

**Zip Code:** 02472

**Telephone:** 617-972-6456

**Fax:** 617-923-3531

## Member's Information:

Member's Last Name		Member's First Name		Social Security # (last four)	
Street Address:					
City/Town:		State:	Zip Code:		
Email:					
Phone:					

## Choice of Option D Beneficiary

I, (Print Name) \_\_\_\_\_, a member of the Watertown Retirement System, hereby nominate the beneficiary listed below, under the provisions of Massachusetts General Laws, Chapter 32, Section 12(2)(d) to receive from the retirement system a benefit equal to the Option C retirement allowance which would otherwise have been payable to me, in the event that I die before being retired.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement this form becomes void.

I understand that this choice of Option D Beneficiary can be superceded if, at my death, I have at least two years of creditable service and leave a spouse to whom I have been married for over one year and with whom I am living on the date of my death, or if living apart, doing so for justifiable cause as determined by the Retirement Board.

## Beneficiary

This person is my:  Parent  Sibling  Unmarried Former Spouse\*  
 Spouse\*  Child

**Name of Eligible Beneficiary:** \_\_\_\_\_

**Beneficiary's Date of Birth:** \_\_\_\_\_ **Beneficiary's Social Security #:** \_\_\_\_\_  
*(attach birth record)*

**Beneficiary's Street Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

\*If beneficiary is your spouse or former spouse, a copy of your marriage certificate is required

## Member's Signature:

**Print Name:** \_\_\_\_\_

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

## To Be Completed By Witness (should be disinterested party):

**Print Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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





# Introduction

## Notice of Potential Veterans' Benefits

Pursuant to Massachusetts General Laws, Chapter 32, Section 4(1)(h)  
Form Last Revised: August, 2024

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The *Notice of Potential Veterans' Benefits Pursuant to Massachusetts General Laws, Chapter 32, Section 4(1)(h)* notifies eligible veterans of their rights to purchase creditable service for their military service. In order to purchase such service, a member must meet the definition of "veteran" in Massachusetts General Laws, Chapter 32, Section 1.

Keep in mind:

- **You may make this purchase at anytime up to one year after you vest in the retirement system. Vesting is defined as having 10 years of creditable service.**
- **National Guard and Reservists who do not qualify as a veteran, per the definition on the veteran's buyback form, within one year of vesting, or who have not reached the maximum of four years of eligible purchase time within one year of vesting, will have additional time to make the purchase. They will have five years from the date in which they qualify as a veteran, or the date that they qualify for the full four-year purchase, whichever date last occurs, to enter into a buyback agreement**
- If you have already been granted creditable service for active duty service under Massachusetts General Laws, Chapter 32, Section 4(1)(h), you are not eligible to apply for additional credit based on that same service.
- You should contact your retirement board for an estimate of the cost of this purchase and payment options.
- Once purchased, a refund of the cost of this service is only available by a refund of all accumulated deductions.

### **Definition of Veteran Under Massachusetts General Laws, Chapter 32, Section 4(1)(h) and Massachusetts General Laws Chapter 4, Section 7, Clause 43:**

Massachusetts General Laws, Chapter 4, Section 7, Clause 43 defines "veteran" to mean any person who served at least 180 days active duty in the Army, Navy, Marine Corps, Coast Guard or Air Force whose last discharge or release was under honorable conditions or any person who served at least 90 days of active duty including at least one-day wartime service. The definition specifically excludes active duty for training for the National Guard and Reserves from qualifying as active duty under this section.

Section 4(1)(h) grants eligible veterans, who were **honorably discharged** or **discharged under honorable conditions**, the right to purchase up to four years to add to their creditable service as a member of a retirement system due to service in the armed forces of the United States.

### **State Veteran Status Eligibility**

To be eligible for veterans' benefits, one must be a "veteran" under M.G.L. c. 4, § 7, cl. 43<sup>rd</sup>. You must either have 180 days of active service, or failing that, a certain amount of service during "wartime."

See next page for periods of service constituting "wartime" service.





# Introduction *(Continued)*

## Notice of Potential Veterans' Benefits

Pursuant to Massachusetts General Laws, Chapter 32, Section 4(1)(h)  
 Form Last Revised: August, 2024

### Periods of Service Constituting "Wartime" Service

Era of Service	Dates	Requirement for Veteran Status
<b>WORLD WAR II</b> (Merchant Marine: 7-Dec-1941 through 31-Dec-1946)	16-Sep-1940 25-Jul-1947	<b>90</b> days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
<b>KOREA</b>	25-Jun-1950 31-Jan-1955	<b>90</b> days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
Korean Defense Service Medal	28-Jul-1954 (to be determined later)	<b>90</b> days of active duty service, last discharge under honorable conditions and recipient of the Korean Defense Service Medal.
<b>VIETNAM</b>	5-Aug-1964 7-May-1975	<b>90</b> days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
Lebanon Campaign*	25-Aug-1982 (to be determined later)	<b>90</b> days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
Grenada Campaign*	25-Oct-1983 15-Dec-1983	<b>90</b> days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
Panama Campaign*	20-Dec-1989 31-Jan-1990	<b>90</b> days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.
<b>PERSIAN GULF</b>	2-Aug-1990 (to be determined later)	<b>90</b> days of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions.

\* Naval and Marine DD-214 must indicate Expeditionary Medal. All DD-214's must specify campaign: Lebanon, Granada, or Panama.

For **GUARD MEMBERS** to qualify they must have 180 days and have been activated under Title 10 of the U.S. Code **-OR-** Members who were activated under Title 10 or Title 32 of the U.S. Code or Massachusetts General Laws, Chapter 33, Sections 38, 40, and 41 must have 90 days, at least one of which was during wartime, per the above chart.

For **RESERVISTS** to qualify, they must have been called to regular active duty for at least 180 days or 90 days, one of which was wartime according to the above chart.

### National Guard and Reserve Service

Members who served in the National Guard or Reserves, who qualify as a veteran, may purchase creditable service at a ratio of 5 years of Guard or Reserve service to 1 year of creditable service.

### Training Duty Exclusion

For purposes of determining veteran's status active duty service in the armed forces shall not include active duty for training in the Army or Air National Guard or active duty for training as a Reservist in the Armed Forces of the United States.

### Minimum Service Exception (For Death or Disability)

It is not necessary that an applicant have completed the minimum service for wartime or peacetime campaign if he/she served some time in the campaign and was awarded the Purple Heart, or suffered a service-connected disability per the Discharge Certificate, or died in the service under honorable conditions.



**Retirement Board:** Please enter your retirement board information here.

<b>Name of Retirement Board:</b>	WATERTOWN RETIREMENT BOARD		
<b>Address:</b>	149 MAIN STREET		
<b>City/Town:</b>	WATERTOWN	<b>Zip Code:</b>	02472
<b>Telephone:</b>	(617) 972-6456	<b>Fax:</b>	(617) 923-3531

## Procedures

You must complete this application and file it with your retirement board no later than 1 year after you vest in the retirement system unless you are a member of the National Guard or Reserves, who have five years from the date in which they qualify as a veteran, or the date that they qualify for the full four-year purchase, whichever date last occurs, to enter into a buyback agreement. You must enclose a copy of your federal form DD-214 with your application.

- Payment of 10% of your salary when you last became a member of a retirement system per year of creditable service being purchase is required. Consult your retirement board for payment options.
- Once your eligibility has been verified you will receive written notification of: (1) the years and months of service you may purchase (not to exceed four years) and (2) the amount owed.
- No refunds are allowed after purchasing this service except by a refund of all accumulated deductions.

## Application

To the **WATERTOWN RETIREMENT BOARD** Retirement Board:

I respectfully request creditable service for my active service in the armed forces of the United States and Active Reserve or National Guard under the provision of Massachusetts General Laws, Chapter 32, Section 4(1)(h).

<b>Last Name:</b>		<b>First Name:</b>		<b>M.I.:</b>	
<b>Social Security # (last four):</b>	***_**-_____	<b>Phone #:</b>			
<b>Street Address:</b>					
<b>City/Town:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Email:</b>					
<b>Governmental Unit:</b>					
<b>Date Most Recently Entered Public Service:</b>		<b>Date of Honorable Discharge:</b>			

## Member's Signature:

I sign this application under the penalties of perjury. I affirm that the information presented in this application is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of my benefits as well as civil and criminal penalties.

<b>Member's Signature:</b>		<b>Date:</b>	
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