



TOWN OF MILLIS WORKING POST RETIREMENT

PLEASE READ AND COMPLETE THE FOLLOWING:

I am not currently retired from, nor am I collecting a pension from, a Massachusetts county or city public retirement system.

EMPLOYEE SIGNATURE: _____ DATE: _____

OR

If you are currently retired, please fill out the following:

I hereby certify that because of the restrictions stipulated by MGL Chapter 32 §91, I am not permitted to work more than 1200 hours in any calendar year OR earn more than the difference between what I would be earning today as an active employee in my former position had I not retired, and what I am being paid as a retirement benefit. I understand that I am responsible for ensuring that I do not violate these restrictions.

EMPLOYEE NAME: _____

Salary that I would be earning today at my prior position if I did not retire:		
My annual pension benefit:	MINUS	
	TOTAL	

The maximum amount that I can earn
in calendar year _____ under the
restrictions required by MGL Chapter 32 §91:

I acknowledge that I am responsible for ensuring that I do not violate my retiree time and earning restrictions and I am aware if I violate this restriction, I may jeopardize my retirement benefit and be required to repay any excess amount that I have earned.

EMPLOYEE SIGNATURE: _____ DATE: _____