

NEWTON CONTRIBUTORY RETIREMENT SYSTEM
NEWTON CITY HALL - BASEMENT LEVEL
1000 COMMONWEALTH AVE
NEWTON CENTRE, MA 02459-1449
Telephone: (617)796-1095
Facsimile: (617)796-1098

BENEFIT ESTIMATE REQUEST FORM

NAME: _____

SSN: _____

DEPARTMENT: _____

TYPE OF RETIREMENT:

Superannuation (regular retirement)
Accidental Disability (job related injury)
Ordinary Disability (non job related injury)

1. Please send my estimate to:

___ My Home Address

___ My Department via Inter-office mail

2. I wish to receive an estimate of retirement benefits for a potential effective date of retirement of:

_____/_____/_____
Month Day Year

*This date should not be more than two years from the date of this request.

3. If married, what is your spouse's date of birth: ____/____/____

Month Day Year

Signature: _____ Date: _____

NOTE: Retirement Office staff will access your salary information directly from the City's Finance Plus payroll system to calculate your retirement benefit. We do not contact your department. All information pertaining to your benefit request will remain confidential.