

**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:** \_\_\_\_\_

\*You can expect to receive your estimate in approximately 1-2 weeks. Estimates requested during January-February may take 3-4 weeks due to our year-end closing process.

**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.**