

TOWN OF HINGHAM

RETIREMENT BOARD

TED C. ALEXIADES, Chairman
THOMAS P. HALL
EILEEN A. McCracken
PETER J. BLAMPIED
WILLIAM F. NOLAN



NANCY M. HUTT
Administrative Assistant

RETIREMENT ALLOWANCE ESTIMATE REQUEST

NAME: _____

MAIDEN NAME (if applicable): _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

TOWN DEPARTMENT: _____

ANTICIPATED DATE (S) OF RETIREMENT: _____

CIRCLE RETIREMENT OPTION REQUESTED: ____A ____B ____C

BENEFICIARY DATE OF BIRTH (if applicable): _____

RETIREMENT APPLICATION REQUESTED: ____YES ____NO

EMPLOYEE ADDRESS: _____

RETIREMENT ALLOWANCE ESTIMATES SHOULD BE REQUESTED APPROXIMATELY SIX (6) MONTHS TO ONE (1) YEAR PRIOR TO YOUR EFFECTIVE DATE OF RETIREMENT.

IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT THIS OFFICE.