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BUYBACK OF PRIOR SERVICE REQUESTFORM

Name: _____ DOB ____-____-19____

Department: _____ SS# ____-____-____

Position: _____

Current hours per week _____ Current Weekly Wage _____

Prior Service with this or any other Mass.Public Pension System ? Yes ___ No ___

If yes please provide dates of service, location of service, if you took a refund of your account or left your monies on account with another retirement system.

Prior employment with this or any other town in the Commonwealth of Massachusetts?

Yes ___ No ___

If yes please provide dates of service, type of employment, hourly/weekly wage, was the position covered under the Deferred Compensation Plan?
