

TO THE SOUTHBRIDGE RETIREMENT BOARD:

1. I fully understand the Options (A, B, C) available to me under a Superannuation Retirement allowance as explained to me by the Staff of the Southbridge Retirement Board.
2. I fully understand that my health insurance coverage could change in the future based on the municipality from which I retired changing its health insurance plans.
3. I fully understand that if I am employed in the future by any municipality, county or state department within the Commonwealth of Massachusetts, I will fall under the guidelines of M.G.L., Chapter 32, Section 91, and that I have received a copy of that law.

NAME (please print) _____

SIGNATURE _____

MAILING ADDRESS _____