Commonwealth of Massachusetts
MIDDLESEX COUNTY RETIREMENT SYSTEM
25 LINNELL CIRCLE • P.O. BOX 160 • BILLERICA, MA 01865
WWW.MIDDLESEXRETIREMENT.ORG

Over 100 Years of Public Service

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Please note: Forms with your signature are required for processing and must be **mailed or faxed** to the office. Please **DO NOT** scan or email this form.

MEMBER INFORMATION

Member Name:	**Last 4 SSN:**

Member's Status: ◯ Active ◯ Retired ◯ Inactive

Current/Former Employer:

E-Mail Address:

NEW ADDRESS

Street Name:

City, State, ZIP Code:

Phone:

Signature (required) **Date**

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