



TOWN OF MANSFIELD RETIREE INFORMATION

(to be filled out prior to retirement)

EMPLOYEE INFORMATION

Employee Name _____

Employee Address _____

Social Security # _____ E-mail Address _____

Home Phone # _____ Cell Phone # _____

Department _____ Date of Retirement _____

Date of Birth _____ Marital Status _____

Medicare Information:

Are you eligible? Y or N Are you enrolled? Y or No (include copy of Medicare Card)

SPOUSE (OR FORMER SPOUSE) INFORMATION

Spouse Name _____

Address (if different) _____

Social Security # _____ Date of Birth _____

Medicare Information:

Are you eligible? Y or N Are you enrolled? Y or No (include copy of Medicare Card)

I wish to continue the following benefits as provided by the Town of Mansfield:

(Check all of the benefits that you now have that you would like to continue as a retiree)

Health Insurance	____ yes	____ no
Dental Insurance	____ yes	____ no
Basic Life Insurance	____ yes	____ no
Voluntary Life Ins. Gr 14190	____ yes	____ no
Vision Insurance	____ yes	____ no

Would you like to be contacted by the Mansfield Retirees Association?

Yes ____ (You will be contacted by mail) No ____ (You will not be contacted)

** If you have other insurance benefits that you wish to continue ie: Accident, Whole Life, Critical Illness, please contact Boston Mutual customer service at 877-624-2249

Employee Signature

Date

Please return completed for to: Town of Mansfield Treasurers Office

For additional information about Retiree Benefits and Forms go to:

<http://www.mansfieldma.com/town-government/departments/human-resources/retiree-benefits/>

