



TOWN OF NORTON RETIREE INFORMATION

(to be filled out prior to retirement)

EMPLOYEE INFORMATION

Employee Name _____

Employee Address _____

Social Security # _____ E-mail Address _____

Date of Birth _____ Marital Status _____

Home Phone # _____ Cell Phone # _____

Department _____ Date of Retirement _____

Medicare Information:

Are you eligible? Y or N

Are you enrolled? Y or N

(If enrolled, attach a copy of your Medicare Card)

SPOUSE (OR FORMER SPOUSE) INFORMATION

Souse Name _____

Address (if different) _____

Social Security # _____ Date of Birth _____

Spouse Medicare Information:

Are you eligible? Y or N

Are you enrolled? Y or N

(If enrolled, attach a copy of your Medicare Card)

BENEFIT REVIEW

Please check off the benefits that you are currently enrolled in through the Town of Norton and then indicate if you plan to continue your coverage as a retiree.

Health Insurance _____ Yes _____ No

Dental Insurance _____ Yes _____ No

Basic Life Insurance _____ Yes _____ No

Voluntary Life Insurance _____ Yes _____ No

RETIREMENT BENEFIT MEETINGS

In order to process your retirement paperwork in a timely manner, we ask that you review the retiree benefits offered by the Town of Norton before you schedule an appointment with the benefits office. All of the benefit documentation can be found on the Town of Norton's website:

<https://www.nortonma.org/treasurer-tax-collector/pages/retiree-benefits-0>

Employee Signature

Date

Please return completed form to:

Town of Norton
Treasurer/Tax Collector's Office
70 East Main St.
Norton, MA 02766
(P)508-285-0222 (F)508-285-0224