



Taunton Board of Retirement

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Retirement Newsletter

City of Taunton Contributory Retirement System

FALL 2025 EDITION



Social Security Fairness Act and the repeal of the WEP & GPO

by Paul J. Slivinski, Executive Director

On January 5, 2025, the Social Security Fairness Act ("SSFA") was signed into law by President Biden thereby repealing the Windfall Elimination Provision ("WEP") and the Government Pension Offset ("GPO").

The SSFA's provisions are retroactive back to January 1, 2024 and the Social Security Administration ("SSA") is mandated to recalculate benefits for anyone affected by either the WEP or GPO.

The WEP and GPO has been in place for Massachusetts public employees and their beneficiaries since the early 1980's thereby denying those employees who work another job outside of public employment their full share of Social Security benefits they fairly earned.

The WEP reduced Social Security benefits for retirees receiving a public pension and the GPO affected Social Security survivor benefits for those spouses also receiving a public pension.

Obviously this is great news for our retirees and widows/widowers who will now receive their full eligible benefits from Social Security.

For further guidance and information on the SSFA and its provisions, please refer to the following website:

www.ssa.gov/benefits/retirement/social-security-fairness-act.html

Affected members can also contact your local Social Security office for assistance. In Taunton, the local telephone number is (877) 505-4546.

Cost-of-Living Adjustments (COLA)

by Thomas A. Bernier, Elected Board Member



The Taunton Retirement Board approved a 3% COLA effective July 1, 2025 for all eligible retirees and survivors of the system who retired on or before June 30, 2024. At its February 26, 2025 board meeting, member Barry J. Amaral made the motion to approve, seconded by member Gill E. Enos and the vote was unanimous to provide retirees and survivors with the increase. Other members of the board voting in favor were Chairman Dennis M. Smith, Thomas A. Bernier and Ian D. Fortes. The 3% Cola applies up to the first \$16,000 (base) of the retirement allowance. Therefore the maximum monthly COLA is \$40.00/month.

COLA Base: The retirement board is continuing to look at the COLA base which is currently set at \$16,000. The next actuarial study to be performed on the retirement system will be as of January 1, 2026. The board will look into the feasibility of a possible increase to the COLA base to further assist our retirees and provide a larger COLA.

Across Massachusetts, the COLA bases vary amongst 102 retirement systems between a low of \$12,000 up to a high of \$30,000. The majority of systems are between \$13,000 to \$15,000 range and about 7 local systems have a base at or above \$20,000.

The board understands the need to continue to support increases for the retirees given the current inflationary environment and will seek to improve COLA benefits depending on funding and economic conditions.

It's important to point out that any COLA increase granted previously becomes part of your permanent & cumulative retirement allowance going forward. Based on the chart below, retirees have received an additional maximum amount of \$5,340 added to their retirement allowance since 2015. Of course, those retirees receiving under the BASE amount have received less.

Effective Date	\$ Increase	Maximum Benefit	Cumulative Maximum Benefit
2015	3%	\$450.00	\$450.00
2016	3%	\$450.00	\$900.00
2017	3%	\$450.00	\$1,350.00
2018	3%	\$450.00	\$1,800.00
2019	3%	\$450.00	\$2,250.00
2020	3%	\$450.00	\$2,700.00
2021	3%	\$450.00	\$3,150.00
2022	5%	\$750.00	\$3,900.00
2023	3%	\$480.00	\$4,380.00
2024	3%	\$480.00	\$4,860.00
2025	3%	\$480.00	\$5,340.00

A summary of the COLA base increases			
Effective Date	COLA Base	% of Base	Annual COLA
July 1, 1998	\$13,000	3%	\$360.00
July 1, 2011	\$14,000	3%	\$420.00
July 1, 2015	\$15,000	3%	\$450.00
July 1, 2023	\$16,000	3%	\$480.00
July 1, 2024	\$16,000	3%	\$480.00
July 1, 2025	\$16,000	3%	\$480.00



Medicare and your city insurance supplement*

What happens when you or your spouse turn age 65?

In most cases, **Medicare enrollment is triggered upon turning age 65** – hence the term commonly used for this process **“Turning 65”**.

Massachusetts public retirement law requires Medicare eligible retirees to enroll in Medicare once you are eligible for the federal health insurance plan. This requirement applies to all city retirees, as a condition of your eligibility to maintain your city health insurance coverage. **The mandatory Medicare requirement also applies to your spouse or survivor if they are enrolled in the public retiree health insurance plan.**

Once enrolled in Medicare, your city health insurance plan becomes your supplemental plan (often referred to as a Medicare supplement plan). **To be clear, after enrolling in Medicare A & B, you will still be enrolled in the City's insurance plan.** However, Medicare is the primary insurance, and your Medicare Supplement plan (Blue Cross Blue Shield Medex) becomes the secondary insurance. Your city insurance plan also includes drug coverage that satisfies your Part D requirement.

Before going any further, **we need to acknowledge the fact that not all public retirees qualify for Medicare, either on their own or through a spouse.** This is because Massachusetts public employees do not participate in Social Security. While public employees hired on or after April 1, 1986, participate in Medicare, those hired prior to April 1, 1986 do not participate in Medicare. Therefore, many career public employees never earned the minimum 40 quarters to be eligible for Medicare and remain enrolled in the non-Medicare health plans.

A growing number of municipalities, including the City of Taunton, have opted into the Medicare Buy-In program, whereby the local government pays the added fees and penalties to enroll all local retirees, 65 or over, in Medicare. Therefore retirees who carry health insurance through the City of Taunton are covered under this program even if they do not qualify for Part A otherwise.

Before summarizing eligibility, let's first review the components of Medicare. Medicare contains various parts, commonly referred to as Parts A, B, C, and D.

- **Part A (Hospital Insurance):** Helps cover: inpatient care in hospitals, limited skilled nursing facility care, hospice care, and home health care. Part A is free to those who qualify for Medicare.
- **Part B (Medical Insurance):** Helps cover services from doctors and other health care providers. There is a monthly premium for Part B, with five levels of contribution based on your taxable income from two years prior. In 2025, the federal government looks to your 2023 taxable income. The Part B premium is deducted from your Social Security benefit (if the retiree receives a benefit) or is billed directly each quarter.
- **Part C (Medicare Advantage):** Unless offered through the City of Taunton, retirees should not enroll in private Medicare Advantage plans. Instead, the city provides Medex.
- **Part D (Drug Coverage):** CVS SilverScript is an example of a drug plan that utilizes Part D. Like Part B, Part D also has a monthly premium that is set on an income-based sliding scale. Retirees should not enroll in a Part D plan because our Medex plan already covers this.

To keep it simple, let's break down the following explanation into three scenarios: Applying for Medicare on your own work history; Applying for Medicare through a spouse who is older than you; and applying for Medicare through a spouse who is younger than you. **You can also qualify through a former spouse, so long as you were married for 10 or more years.**

Before walking through the scenarios, let's first remind you that Medicare eligibility starts at age 65. However, if you are 65, still working full-time and enrolled in your employer's non-Medicare health insurance plan, then you do not have to enroll in Medicare. However, once you stop working full time, you must enroll in Medicare or incur potential penalties.

Scenario 1: Retiree qualifies for Medicare on their own.

The most straight forward way to qualify for Medicare is through your own work history. To qualify for Medicare on your own, you need a minimum of 40 quarters (10 years) of contributions into the system. This can either be in conjunction with Social Security or specific to Medicare only.

Medicare and your city insurance supplement* ...continued from page three

If you qualify for Social Security, then you automatically qualify for Medicare at age 65. However, as we reported earlier, all Massachusetts public employees hired on or after April 1, 1986, contribute to Medicare (but not Social Security). This means that if you were hired on or after that date you paid a FICA tax to Medicare only throughout your public service career and earned eligibility for Medicare.

Once age 65, a retiree with 40 or more quarters must enroll in Medicare. **We advise that members begin this process 5-6 months prior to your 65th birthday (or from the date in which you wish to enroll).** Contact Medicare to enroll in Part A & B. Then contact the city's health insurance office in HR (508) 821-1060 to enroll in our Medicare supplement plan.

Scenario 2: Retiree qualifies for Medicare through their spouse.

Many career public employees, who did not have the opportunity to earn their own 40 quarters under Medicare, may qualify for Medicare under their spouse's work history, even in the case of a divorced or deceased spouse. **If you have been married for 10 or more years and your spouse qualifies for Medicare or for Social Security then you will as well.** Social Security eligibility begins at age 62, regardless of whether the benefit is collected at that time.

If your spouse is older than you, then chances are that they will have enrolled in Medicare prior to you. **And if your spouse is insured under your public retiree health insurance plan, they are required to enroll in Medicare once they are eligible.**

The same process applies as described above, whereby we recommend that you begin the application process 5-6 months prior to your date of eligibility. However, a key difference that might take place is that one spouse will be enrolled in Medicare prior to the other. This means that **the Medicare enrolled spouse will have their own Medicare supplement plan**, while the non-Medicare enrolled spouse will remain enrolled in the non-Medicare health insurance plan. If you have other non-Medicare eligible dependents enrolled in the plan, then you will likely maintain a family plan. Otherwise, the non-Medicare enrolled spouse will be enrolled in an individual plan until they are themselves eligible for Medicare.

Scenario 3: Retiree will qualify for Medicare through their spouse, but their spouse is more than three years younger.

This is where things can become complicated and somewhat confusing. **If an eligible retiree does not enroll in Medicare upon turning 65, Medicare will assess a 10% penalty for each year the retiree's enrollment is late.** For example, if you were eligible at 65 but did not enroll until 66 a 10% penalty is assessed. Enrolling two years late increases the penalty to 20% of the Medicare premium. **And the penalty exists for the remainder of your life!** This federal law has been in existence since the creation of Medicare in 1965.

While harsh, the penalty is easy to follow under normal circumstances where the retiree is eligible on their own or through an older spouse. But what happens if your spouse is younger and not yet eligible for Medicare or Social Security.

As mentioned above, **Social Security eligibility begins at age 62.** Under this scenario, a retiree aged 65 or older would become eligible for Medicare once their spouse turns 62 and is eligible for Social Security. The retiree can enroll in Medicare Part A at no cost.

However, if your spouse is more than three years younger (under age 62) and not yet eligible for Social Security what are you required to do? While you can put off enrolling in Medicare until your spouse reaches age 62, you would run the risk of the federal government assessing the late enrollment penalty once you finally enroll. Remember, the late enrollment penalty is equal to 10% of the premium per year you are late – for the duration of your Medicare enrollment.

Under this scenario, what is a retiree to do?

Medicare does allow non-eligible retirees to buy into the program. However, the retiree would be forced to pay 100% of the Part A premium out-of-pocket. Again, Part A is free for retirees eligible for Medicare because of the FICA tax you or your spouse paid while working. **If you don't qualify for a premium-free Part A, you might be able to buy it.** In 2025 to-date, the premium is either \$285 or \$518 each month, depending on how long you or your spouse worked and paid Medicare taxes. You also have to sign up for Part B to buy Part A. If you don't buy Part A when you're first eligible for Medicare, usually when you turn 65, you'll pay an extra 10% for your monthly premium. You'll pay the higher premium amount each month for twice the number of years you could have signed up for Part A but didn't.

Unfortunately, **there is no simple answer as to whether or not a retiree should buy-into Medicare A & B on your own** to avoid future penalties or wait until your spouse is eligible for Social Security at age 62 but end up paying late enrollment penalties (which could be quite substantial).

The best advice we can give is that retirees under this scenario should simply do the math. What is the cost of buying into Medicare A & B vs. the cost of late enrollment penalties at a later date? Each case is going to be different based on your age and the age of your spouse.

It should be pointed out that we strongly disagree with the late enrollment penalty, which is not at all logical. That said, this federal law has been part of Medicare since the program's creation in 1965. **We do not envision Congress repealing the penalty.**

City retirees, insured through the city's health insurance plan, can contact the city's health insurance administrator via the Human Resources office with questions on Medicare enrollment.

Regardless of the intricacies of Medicare enrollment, the most important point to remember is that you will continue to have access to excellent health insurance coverage. **One great advantage of Medicare is the fact that most out-of-pocket costs are far less expensive than non-Medicare plans.**

*source – Massachusetts Retirees Association

COUNSEL'S

OPINION

Disability retirement: What happens when the medical panel says "yes" and the retirement board votes "no".

by Attorney Michael Sacco, Attorney to the Retirement Board



Taunton Retirement System ("TRS") members have two (2) types of disability benefits available to them. If you become permanently incapacitated while a TRS member in service (employee), regardless of the reason, you may be eligible to receive an Ordinary Disability Retirement ("ODR"), but if you are injured in the performance of your duties and you become permanently incapacitated, you may qualify for an Accidental Disability Retirement ("ADR"), which is a tax-free benefit equal to 72% of the regular compensation you were receiving when injured, plus a portion of your annuity account, and the total benefit generally will not exceed 75% of the regular

Disability retirement:* *...continued from page five*

compensation you were receiving when injured. In this article, we will briefly discuss the accidental disability process, and the Taunton Retirement Board's ("TRB") obligations and responsibilities for processing the claim.

An ADR claim commences just like any other benefit claim –you must complete an application, describing the injury, how the injury occurred and why this injury prevents you from performing your essential duties. You are also required to submit a statement from your physician attesting to your incapacity and its permanence, and linking your permanent incapacity to the same injury or injuries you have identified in your application. Once your application and the physician statement are filed with the TRB, the TRB will obtain information from your employer, such as your job description and any injury reports you may have filed, and as part of the application you file with the TRB, you are asked to execute medical release forms that authorize the TRB to obtain all medical records pertaining to any treatment you have received in the five (5) years preceding the application's filing, as well as records of any treatment you have received pertaining to your claimed impairment. For example, if you injured your back at work, but you injured your back 10 years ago, whether or not that injury was work-related, you will need to authorize the release of those records from 10 years ago, and any subsequent treatment you received for your back.

Once all the medical and non-medical records are received, the TRB conducts an evidentiary hearing, in which you and perhaps other witnesses will appear before the TRB to testify regarding the injury and your subsequent treatment and resulting impairment. Then, assuming all the threshold standards are met, you will be examined by a three (3) member impartial medical panel of physicians, the majority of which who specialize in the field of medicine that pertain to your medical condition. These 3 doctors must answer the same three (3) questions the TRB must ultimately answer: (1) are you incapacitated from performing your essential duties; (2) is your incapacity permanent; and (3) did the injury you claimed in your application proximately cause your permanent incapacity. If a majority of the physicians answer "no" to any of those questions, then the TRB is required to deny your claim, and you would have the right to appeal that decision. If the majority of physicians answer "yes" to all 3 questions, the TRB must then determine whether you satisfy all the legal standards to be retired for an accidental disability. Since these 3 questions are medical questions, if the physicians answer "no" to any of them, the TRB does not have the authority to override the physicians' opinions. However, if the physicians answer "yes" to all 3 questions, this does not automatically qualify you for the ADR – the Legislature, as affirmed by our Courts, has vested the authority in retirement boards to make the ultimate determination whether you qualify for the ADR.

The primary issue that the TRB must decide is causation – the physicians who examine you are only asked whether your permanent incapacity is "such as might be" causally related to your claimed injury, which means that even if there is only a 1% chance that your injury proximately caused your permanent incapacity, the physicians who examine you must answer "yes" to the causation question. It is then up to the TRB, upon weighing all the medical and non-medical evidence, to decide whether it is more likely than not (51%) that your claimed injury proximately caused your permanent incapacity. There are various factors which the TRB considers: whether (1) there is any conflicting medical evidence regarding your incapacity; (2) you are at a substantial risk of reinjury if you return to work; (3) there is any other medical treatment that you could pursue that could help you return to work; (4) there is any reasonable accommodation your employer could implement to allow you to return to work; and most importantly (5) the injury you claimed only contributed to, rather than proximately caused, your permanent incapacity. In short, just because the 3 physicians who examined you as part of the ADR process have answered "yes" to all three questions, the TRB still has the discretion to deny the claim when the facts and the proper application of the law so warrant. To be clear, the TRB is not like an insurance company that is looking for a reason to deny your claim; rather, as fiduciaries to the TRS and all its contributing members, the TRB acts as an impartial fact finder with a singular goal in mind – to insure that only those TRS members who are injured in the performance of their duties and qualify for the ADR are awarded the benefit, and in those cases in which the evidence does not adequately support the claim when applying the legal standards, denying those claims.

This article only scratches the surface of the complexity and all the elements needed to qualify for an ADR benefit, and if you have been injured at work and unable to perform your duties, you should contact the TRB's staff who can assist you in the process for applying for the benefit.

Cyber Security Issues and Internal Controls-Retirement Boards



by Ian D. Fortes, Ex-officio/City Auditor.

In order to prevent unauthorized access to the retirement board's IT network and data systems and ensure any forthcoming issues are mitigated, the board is constantly reviewing its Internal Control procedures and policies.

As we all read in the news, cyber criminals are constantly seeking access to sensitive data to steal identities by exploiting human behavior to gain unauthorized access to systems and information.

The retirement board has the following policies in place:

- The board has backups of its data and files offsite in the cloud;
- The board has a disaster recovery and continuity plan to ensure monthly payroll is processed in a timely manner;
- The board is reviewing the City's cyber insurance policy coverage as well as discussing the possibility of contracting with a third-party vendor for additional coverage;
- The board has a systematic action plan in case of a cyberattack or breach;
- The board utilizes the City's IT department as well as our pension software vendor-Pension Technology Group-to ensure operations remain in place in case of an attack; and
- The board also has an investment Internal Control Policy for working with all investment managers, bank custodians, investment consultants, and regulators to ensure pension assets are safe, secure and transacted utilizing multiple authentication factors and verification with multiple personnel.

Information Technology officials always say that it's not a matter of if an entity will get hacked, but when. The board is taking proactive steps to prevent attacks as well as making preparation to act in the event of an attack in order to limit or eliminate its effects.

Funded Ratio's – What do they mean and how important are they?

by Gill E. Enos, Mayoral Board Appointee



Having a high funded ratio is critical for a pension fund to ensure the long-term financial security of its beneficiaries. A high funded ratio (ideally 100% or greater) indicates that the plan possesses sufficient assets to cover its future obligations, meaning the promised benefits to retirees and employees are more secure. For the Taunton Retirement System, our funded ratio currently stands at 80% funded. We are projected to be 100% fully funded by the year 2032 if all assumptions and objectives are met.

Here's a breakdown of why a high funded ratio is important:

Benefit Security: A high funded ratio means the pension fund has enough money to pay out the benefits it has promised, providing retirees with a sense of security and confidence in their retirement income.

Reduced Risk of Benefit Cuts or Delays: Underfunded pension plans may face pressure to reduce or delay benefit payments, negatively impacting retirees' financial well-being. A high funded ratio minimizes this risk.

Financial Stability for Employers: For employers sponsoring pension plans, a high funded ratio reduces the need for unexpected or increased contributions to the fund, ensuring the employer's financial stability and allowing resources to be allocated to other areas. The high funded ratio is also looked upon favorably by bond rating agencies thereby contributing to the city's excellent bond rating.

...continued on next page

Attracting and Retaining Employees: Strong retirement benefits, including a well-funded pension plan, can be a crucial factor in attracting and retaining talented employees.

Reduced Burden on Taxpayers/Future Generations: In the case of public pension plans, a high funded ratio helps prevent the burden of paying current benefits from falling on future generations or requiring increased taxpayer contributions.

Avoiding Costly Reforms: States with lower funding ratios have been more likely to pass reforms impacting pension benefits, according to the National Conference on Public Employee Retirement System (NCPERS). A high funded ratio can reduce the likelihood of such reforms.

It is worth noting that while a high funded ratio is desirable, it represents a snapshot of the plan's financial health at a given moment. The funded ratio can fluctuate due to various factors like investment performance, changes in interest rates, and adjustments to benefit formulas. Therefore, it is crucial to consider the plan's long-term funding projections and strategies in addition to the current funded ratio when evaluating its overall health.

Veteran Buyback Changes



by Barry J. Amaral, Board's Appointee

On August 8, 2024, Governor Healey signed Chapter 178 of the Acts of 2024, "An Act Honoring, Empowering, and Recognizing our Service members and Veterans" ("the HERO Act"). This Act makes substantial changes to the purchase of veterans' creditable service.

Timeframe Change to Within a Year of Vesting

The 180-day limitation that has existed since 1996 has been repealed by Section 52 of the HERO Act. Members will now be allowed to purchase their military service time at any time prior to or up to one year after they vest in the system. A new member may purchase their time on day one of their membership service OR defer the purchase to the day they reach one year after their vesting date, 11 years of creditable service.

Existing Members

- **A veteran who has already completed a military service purchase** – no action is needed.
- **A veteran who has NOT entered into an agreement, and has MORE THAN 11 YEARS of creditable service**, had a one-time grace period until August 8, 2025, to enter into an agreement with the Board, which does allow members to pay using a 5-year installment plan. August 8, 2025 reflects one year from the effective date of the HERO Act. To date, many members who have over 11 years have signed up and taken advantage of this opportunity. Remaining members who have over 11 years and did NOT sign up are now ineligible.
- **A veteran who has NOT entered into an agreement, and has LESS THAN 11 YEARS of creditable service**, has up until their 11th year of creditable service to enter into an agreement with the Board, which does allow members to pay using a 5-year installment plan.

IMPORTANT: As long as a payment plan is initiated before attaining the 11th year of creditable service, the member otherwise qualifies and remains eligible. Once on a payment plan and if a payment plan is suspended, for any reason, then the member would receive prorated buyback service in proportion to what was paid versus what was due. The member cannot then decide to re-commence payments. The member would lose the right to buy back the remaining service. *The only exception would be if a member decides to stop periodic buy back deductions and instead process a direct rollover or other lump-sum payment to complete the balance due. However the lump-sum balance must be paid almost immediately after the periodic payments are stopped.*

Violent Assault Disability law*

by Dennis M. Smith, Chair & Elected Member



On July 31, 2024, Gov. Maura Healey signed into law Chapter 149 of the Acts of 2024, “An Act Relative to Disability Pensions and Critical Incident Stress Management for Violent Crimes” (“Violent Assault Disability”). This Act creates an enhanced new type of accidental disability retirement benefit for firefighters, emergency medical technicians, licensed health care professionals and certain police officers (State police not eligible), who become permanently physically disabled with a catastrophic, life-threatening or life-altering bodily injury disability as the result of a Violent Act Injury by means of a dangerous weapon. The Act does not apply to mental or emotional injuries, such as PTSD.

The Act was effective on October 29, 2024 and is applied prospectively, therefore anyone previously retired for accidental disability cannot have their benefit recalculated.

What is the enhanced accidental disability benefit under the Act?

- Disability retirement allowance equal to 100% of regular rate of compensation as if the member had continued in service at the grade and rank held at the time of disability retirement, plus a lump-sum refund of total accumulated deductions & interest.
- The disability allowance is updated each year, similar to survivor benefits under G.L. c. 32, Section 100, and is payable until death or mandatory retirement age, if applicable. This means the disabled retiree would receive the same COLA's negotiated by their union contract going forward.
- At mandatory retirement age (65 for Fire & Police), the disability allowance is reduced to 80% of the regular rate of compensation paid for the prior twelve (12) months, subject to annual cost-of-living adjustments (COLA's) granted by the retirement board.
- Upon death of the retiree and if deceased prior to mandatory retirement age, the surviving eligible spouse receives 75% of the benefit of what the member would have received had they not died. If deceased after mandatory retirement age, surviving spouse would receive 75% of the 80% benefit.
- If the member and their spouse predecease their dependent children and any of the member's children are unmarried, under the age of 18 or under age 22 and full-time students, or are over age 18 but physically or mentally incapacitated from earning income on the date of the member's retirement, such children shall be entitled to a benefit equal to 75% of the amount of the pension payable to the member at the time of their death but only payable up to either age 18 or age 22 as noted above.
- Provides post-retirement indemnification for medical expenses related to injuries pursuant to G.L. c. 41, Section 100B.
- No post-retirement earnings restrictions if employed in the private sector.
- MA public sector earnings allowed up to 50% of allowance with no hourly restrictions.
- Prohibited from public employment in a Group 3 or Group 4 position.

The retirement board will have to determine, after review of all facts including reports from a medical panel, if the legal requirements have been met to determine if a member's injury is catastrophic, life-threatening or life-altering. The other issue to be determined is the violent assault must be from a “dangerous weapon”, which is designed for the purpose of causing serious injury or death.

Since this is a new law, the retirement board expects possible appeals and litigations throughout the State to possibly challenge the definitions of a dangerous weapon as well as the legal standard for what is catastrophic, life-threatening or life-altering – stay tuned.

Tid-bits and reminders

A change in regular hours can affect your creditable service

Any member who is working full-time and then decides to change to a part-time position are reminded that this change can have an effect on your retirement creditable service. The reverse is true also – part-time to a full-time position. The exception to this rule is for full-time employees which is defined as working 32.5 hours/week or more (up to 40 hrs). All full-time service is credited as 100%.

Example: Jane Doe worked 25 hrs/week from 1/1/2010 thru 12/31/2019 and then changed to 30 hrs/week on 1/1/2020. Normally the period of 1/1/2010 to 12/31/2019 would equal 10 years. However, this period of service would be adjusted from 100% credit to 83% (25/30 hrs) or 8 yrs., 4 months credit.

Please note that the retirement board is not always aware that an employee has changed their regular hours. In this case, any retirement estimate provided may have to be adjusted and the retirement estimate recalculated.

Filing for Retirement Basics reminder

The following is a checklist of items that you will complete and other documents you will need to bring with you to your appointment:

Forms to be completed:

1. Application for Voluntary Retirement;
2. Option Selection Form;
3. IRS form W4-P for federal tax withholdings;
4. Direct deposit form;
5. Informational fact sheets/form regarding post-retirement issues as well as post-retirement employment rules.

Items needed:

1. Birth certificate;
2. Voided check with bank routing number and account number;
3. Proof of Veteran (if applicable) such as Form DD214;
4. Birth certificate for beneficiary (if choosing option C);
5. Marriage certificate (if choosing option C and nominating spouse as beneficiary).

You will also need to contact the City of Taunton Human Resources office (508-821-1060) who will explain other benefits such as Health, Dental & Life insurance, and Deferred Compensation Plan (if applicable).

Friendly reminders to our members and retirees

Please take note to inform the retirement board if the following occurs:

- Change of address
- Change of beneficiary
- Change of your bank account for direct deposit
- A name change due to marriage
- A divorce and potential division of retirement benefits
- A death in the family that impacts your retirement option (for option B or C)

Deceased members since our last newsletter

Please keep our deceased retired public servants and their families in your thoughts and prayers. We are thankful for their dedicated service to the City of Taunton.

Adams, Robert M
Amaral, Jacklyn Marie
Beauvais, Diana
Belanger, Roland F.
Bergevin, Paula M
Bickford, D. Donna
Brindle, Joan M
Buffington, Maureen
Burgo, Lawrence D
Collins, Florence M
Connery, Lawrence R.
Cote, Paul W
Cwiekowski, Keith
Czepiel Jr, Stanley F.
Dawicki, James D
Debrum, Fernanda M.
Desantis, Scott J.
Downey, Michael J.
Enos, Mary
Enos, Theresa M
Ferreira, Irene
Ferris, Paul N.
George, Barbara
Gilday, Marie
House, Michael A
Interbartolo, Janis A.
Joaquin, Mary E
Knox, Nina M
Laflamme, M. Kathleen
LeBrun, Daniel M.
Lehouillier, Linda
Lewis Jr., Charles E.

Lewis, Elizabeth A
Lorden, Shirley E.
Marsden, John F
Martin, Anthony
McMurray, Deborah J
McWilliams, Glenn
Menard, Frederick
Mendes, Noreen A.
Molina, Jose
Newman Jr., Lawrence
O'Connor III, George
Padula Jr, John
Parker, Richard A.
Pimental, August
Pirozzi, James J
Plonka, Mary
Rose, Manuel E.
Seekell, Mark S.
Shurtleff, Joan H
Silvia, Robert A
Simmons, Patricia
Smith, Robert L.
Soares, Francis
Souza, Pamela J.
Spencer Jr., Manuel S.
Stigh, John E.
Tavares, Denise M.
Turner, Wilma
Uronis, John
Valencia, Juan Jose
Viera, Robert A.
Willis, Alan H.



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TAUNTON, MA
PERMIT NO. 91

Direct Deposit Schedule for 2026



**Taunton
Board of
Retirement**

Retirement Allowance Payment Dates

Month	Year
JANUARY.....	01 / 30 / 2026
FEBRUARY.....	02 / 27 / 2026
MARCH.....	03 / 31 / 2026
APRIL	04 / 30 / 2026
MAY	05 / 29 / 2026
JUNE	06 / 30 / 2026
JULY	07 / 31 / 2026
AUGUST	08 / 31 / 2026
SEPTEMBER.....	09 / 30 / 2026
OCTOBER	10 / 30 / 2026
NOVEMBER	11 / 30 / 2026
DECEMBER.....	12 / 31 / 2026