



**DUKES COUNTY CONTRIBUTORY RETIREMENT SYSTEM**

9 Airport Road, Suite 1  
Vineyard Haven, Massachusetts 02568

Telephone (508) 696-3846 • Fax (508) 696-3847

**SUPPLEMENTAL RETIREMENT APPLICATION FORM**

***TO THE DUKES COUNTY CONTRIBUTORY 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 Dukes County Contributory Retirement System.
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\_\_\_\_\_

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