



Commonwealth of Massachusetts
MIDDLESEX COUNTY RETIREMENT SYSTEM

25 LINNELL CIRCLE
PO BOX 160
BILLERICA, MA 01865

REDEPOSIT REQUEST

NAME:

MAIDEN NAME:

SOCIAL SECURITY #:

UNIT MEMBER EMPLOYED BY:

CURRENT ADDRESS:

TELEPHONE:

E-MAIL:

REDEPOSIT: Previous contributions refunded by a Retirement System.

RETIREMENT SYSTEM REFUNDED
FROM:

DATES OF EMPLOYMENT:

DATE OF REFUND: