

July 11, 2016

Commonwealth of Massachusetts
Worcester Regional Retirement System
23 Midstate Dr. Ste 106
Auburn, MA 01501-1857

RE: Official Massachusetts "PUBLIC RECORDS REQUEST"

To Whom It May Concern:

This is a formal written request under the provisions of Massachusetts General Laws (MGL) Chapter 66; Section 10, it is requested you provide a copy of the following record(s) be released to my custody within ten (10) calendar days to comply with Massachusetts State law:

Date of Incident/Time frame: January 1, 2014 to present day, July 11, 2016.

SEEKING THE FOLLOWING COMMONWEALTH OF MASSACHUSETTS OWNED PUBLIC RECORDS:

1. Any and all correspondences in possession of your agency (i.e. US Mail, fax and State owned e-mails to/from anyone), including any & all paper documents on file **for**:
 - a) Mark J. Chase, police officer – detective, who was formerly employed by the Town of Warren, now retired. Seeking photocopies of all documents, letters, e-mails, retirement application(s) and/or notification of separation from service that was submitted to your agency and/or "the public employee retirement administration commission" and is dated between January 1, 2014 to present day, July 11, 2016.

Once you have my request compiled, including photocopied, please call me at [REDACTED] or {preferred method is} e-mail "[REDACTED]" so that I can arrange a time to pick up the documents and respectfully pay for them.

I also certify the content in this document are true statements and correct to the best of my ability in stating the facts for this formal request.

Respectfully Submitted,



Michael J. Baril
P.O. Box 542
Warren, MA 01083-0542

Delivery by: USPS First Class Mail Certified; Return Receipt – 7013 1710 0001 0072 0419

UNITED STATES POSTAL SERVICE



RECEIVED

Thurs, 7/14/16



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box®

MICHAEL J. BARIL
PO BOX 542
WARREN, MA 01083-0542



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Attn: Public Records Request
Worcester Regional Retirement
23 Midstate Dr. Ste 106
Auburn, MA 01501-1857

2. Article Number

(Transfer from service label)

7013 1710 0001 0072 0419

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *S. Carrigan*

Agent

Addressee

B. Received by (Printed Name)

S Carrigan

C. Date of Delivery

7-13-16

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail®

Priority Mail Express™

Registered

Return Receipt for Merchandise

Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, July 2013

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

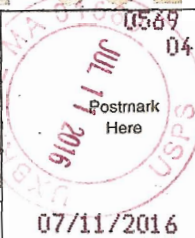
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

AUBURN, MA 01501

7013 1710 0001 0072 0419

Postage	\$3.50
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.20



Sent To *Worcester Regional Retirement*
Street, Apt. No., or PO Box No. *23 Midstate Dr. Ste 106*



RECEIVED

Thu Jul 14 2016

Commonwealth of Massachusetts

Worcester Regional Retirement System

Kevin P. Blanchette • Chairman/CEO

Board Members: June Hubbard-Ward • Pauline M. Lajoie • Michael J. Donoghue • Eugene J. Durgin, Jr.

July 21, 2016

Mr. Michael J. Baril
P.O. Box 542
Warren, MA 01083-0542

Dear Mr. Baril:

We are in receipt of your Public Records Request dated, July 11, 2016, relative to Mark J. Chase.

Please find enclosed public records in response to your request. Please note that the protected information has been redacted.

If you have any questions or concerns, please contact this office.

Sincerely yours,

Kevin P. Blanchette
Chairman/Chief Executive Officer

KPB/rs

cc: Mark J.Chase

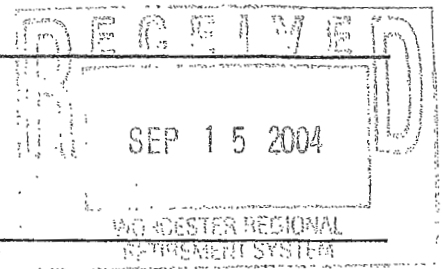
New Member Enrollment Form

Form Last Revised: October, 2001

Paxton *Worcester*

Retirement Board: Please place your address and phone number here. ▶

Worcester Regional Retirement System
Room 3, Court House, 2 Main St
Worcester, MA 01608-1184
Phone: 508-798-7723



Employee Name

Last First M.I. Social Security # Sex

Address

Street and Number City/Town State Zip Phone #

Birth Name or Former Name (if different) Date of Birth* M S W D Marital Status

Spouse's Name Spouse's Date of Birth # of Children

Agency or Department** Title/Position Starting Date of Present Service

* **The Retirement Board requests a copy of birth records and military discharge papers.**

** **For those retiring from regional or county retirement system, please identify the community.**

Are you retired from any other Massachusetts public retirement system? Yes No

Were you ever a member of any other Massachusetts public retirement system? Yes No

List prior or current public retirement system membership:

SYSTEM	DATES OF MEMBERSHIP	ARE YOUR FUNDS STILL ON DEPOSIT?
<input type="text" value="N/A"/>	<input type="text" value="to"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text" value="to"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text" value="to"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you wish to purchase past creditable service, you must make that request in writing of the relevant retirement system and produce acceptable proof of such service.

Did you ever work for or do you currently work for the Commonwealth or one of its political subdivisions for which you were not/are not a contributing member of a retirement system? Yes No



Member's Last Name

First

M.I.

Social Security #

List prior or current employment with the Commonwealth or one of its political subdivisions (Non-membership) :

EMPLOYER	DATES OF EMPLOYMENT
<i>n/a</i>	to
	to
	to

Are you a Veteran?* Yes No Dates of Active Duty Service to

* The retirement board may request a copy of birth records, military discharge papers and other pertinent data.

I hereby authorize the Treasurer to withhold the proper percent of my regular compensation due on each pay period and to deposit such deductions to my credit in the annuity savings fund. I understand the full amount of such deductions, with regular interest as provided by law, will be returned to me upon my written request if I terminate my service, unless I plan to accept a position which would entitle me to become a member of any other contributory retirement system in the Commonwealth. In the event that I die before retiring, my beneficiary or beneficiaries may receive survivor benefits or a refund of my accumulated total deductions as allowed by law.

I sign this form under the pains and penalties of perjury. I affirm that the information presented in this form is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of my benefits as well as civil and criminal penalties.

Employee's Signature *M.J. [Signature]* Date: *8-8-04*

To Be Completed by Payroll/Personnel Department and Verified by Retirement Board:

Check base rate to be deducted for retirement:

5% 7% 8% 9% Additional 2%

If 5% or 7% or 8%, state reason:

Current Rate of Regular Compensation per Pay Period:

Employment Status (Check all that apply):

Permanent Temporary Full-time Part-time: 50% 75% Other

Authorized Signature: *Deirdre L. Malone* Date: *8-10-04*

Print Name *Deirdre L. Malone*

To Be Completed by the Retirement Board:

Membership Date \$ Annual Regular Compensation % to be deducted

Group Classification

The member must also complete the Beneficiary Selection Form.

Beneficiary Selection Form (If Member Dies Before Retirement)

Form Last Revised: October, 2001

Retirement Board: Please place your address and phone number here. ▶

Worcester Regional Retirement System
Room 3, Court House, 2 Main St
Worcester, MA 01608-1184
Phone: 508-798-7723

Choice of Beneficiary to Receive a Return of Accumulated Total Deductions at Member's Death

I, (Print Name) MACK CHASE, a member of the WORCESTER REGIONAL Retirement System hereby request the Board of Retirement to pay any sum referred to in G.L. c. 32, § 11(2)* due at my death to the following beneficiary or beneficiaries in the proportions designated.

My selection may be superseded by a selection under G.L. c. 32, § 12(2)(d) if I die leaving an eligible spouse who elects to receive a monthly benefit.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement, this form becomes void.

*The types of payments covered under G.L. c. 32, § 11(2) include:

- The payment of the accumulated deductions credited to a member's account in the annuity savings fund at the date of death when the member's death occurs prior to his/her retirement.
- The amount of any uncashed checks payable to a member at his or her death.
- Any person or entity may be a beneficiary under G.L. c. 32, § 11(2). Give complete name and address of each beneficiary below:

		Proportion To Be Paid	
Name	<input type="text"/>	SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
Name	<input type="text"/>	SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
Name	<input type="text"/>	SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
Name	<input type="text"/>	SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>		

Member's Signature M. J. Chase Date 8-8-08

Member's Address

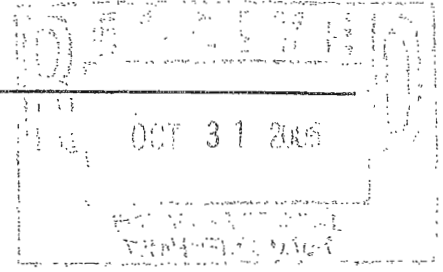


New Member Enrollment Form

Form Last Revised: October, 2001

Retirement Board: Please place your address and phone number here: ▶

Worcester Regional Retirement System
 Room 3, Court House, 2 Main St
 Worcester, MA 01608-1184
 Phone: 508-798-7723



Employee Name

Last
 First
 M.I.
 Social Security #
 Sex

Address

Street and Number
 City/Town
 State
 Zip
 Phone #

Birth Name or Former Name (if different)
 Date of Birth*
 M
 S
 W
 D Marital Status

Spouse's Name
 Spouse's Date of Birth
 # of Children

Agency or Department**
 Title/Position
 Starting Date of Present Service

* **The Retirement Board requests a copy of birth records and military discharge papers.**

** **For those retiring from regional or county retirement system, please identify the community.**

Are you retired from any other Massachusetts public retirement system? Yes No

Were you ever a member of any other Massachusetts public retirement system? Yes No

List prior or current public retirement system membership:

SYSTEM	DATES OF MEMBERSHIP	ARE YOUR FUNDS STILL ON DEPOSIT?
WORCESTER REGIONAL	JULY '03 to OCT '04	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
- TOWN OF PAXTON	to	<input type="checkbox"/> Yes <input type="checkbox"/> No
	to	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you wish to purchase past creditable service, you must make that request in writing of the relevant retirement system and produce acceptable proof of such service.

Did you ever work for or do you currently work for the Commonwealth or one of its political subdivisions for which you were not/are not a contributing member of a retirement system? Yes No



Member's Last Name First M.I. Social Security #

List prior or current employment with the Commonwealth or one of its political subdivisions (Non-membership) :

EMPLOYER	DATES OF EMPLOYMENT
TOWN OF PAXTON - POLICE DEPT (P/T)	NOV '99 to JULY '03
	to
	to

Are you a Veteran? * Yes No Dates of Active Duty Service to

* The retirement board may request a copy of birth records, military discharge papers and other pertinent data.

I hereby authorize the Treasurer to withhold the proper percent of my regular compensation due on each pay period and to deposit such deductions to my credit in the annuity savings fund. I understand the full amount of such deductions, with regular interest as provided by law, will be returned to me upon my written request if I terminate my service, unless I plan to accept a position which would entitle me to become a member of any other contributory retirement system in the Commonwealth. In the event that I die before retiring, my beneficiary or beneficiaries may receive survivor benefits or a refund of my accumulated total deductions as allowed by law.

I sign this form under the pains and penalties of perjury. I affirm that the information presented in this form is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of my benefits as well as civil and criminal penalties.

Employee's Signature *M. Chase* Date: 10-3-05

To Be Completed by Payroll/Personnel Department and Verified by Retirement Board:

Check base rate to be deducted for retirement:
 5% 7% 8% 9% Additional 2%

If 5% or 7% or 8%, state reason:

Current Rate of Regular Compensation per Pay Period: 20.33/HR

Employment Status (Check all that apply):
 Permanent Temporary Full-time Part-time: 50% 75% Other _____

Authorized Signature: *William F. Schlosstein* Date: 10/3/05

Print Name WILLIAM F. SCHLOSSTEIN, TREAS.

To Be Completed by the Retirement Board:

Membership Date \$ Annual Regular Compensation % to be deducted
 Group Classification

The member must also complete the Beneficiary Selection Form.

Beneficiary Selection Form (If Member Dies Before Retirement)

Form Last Revised: October, 2001

Retirement Board: Please place your address and phone number here. ▶

Worcester Regional Retirement System
Room 3, Court House, 2 Main St
Worcester, MA 01608-1184
Phone: 508-798-7723

Choice of Beneficiary to Receive a Return of Accumulated Total Deductions at Member's Death

I, (Print Name) MARK J. CHASE, a member of the WORCESTER REGIONAL Retirement System hereby request the Board of Retirement to pay any sum referred to in G.L. c. 32, § 11(2)* due at my death to the following beneficiary or beneficiaries in the proportions designated.

My selection may be superseded by a selection under G.L. c. 32, § 12(2)(d) if I die leaving an eligible spouse who elects to receive a monthly benefit.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement, this form becomes void.

*The types of payments covered under G.L. c. 32, § 11(2) include:

- The payment of the accumulated deductions credited to a member's account in the annuity savings fund at the date of death when the member's death occurs prior to his/her retirement.
- The amount of any uncashed checks payable to a member at his or her death.
- Any person or entity may be a beneficiary under G.L. c. 32, § 11(2). Give complete name and address of each beneficiary below:

Name	SSN	Proportion To Be Paid
<input type="text"/>	<input type="text"/>	<input type="text" value="100%"/>
Address <input type="text"/>		
Name <input type="text"/>	SSN <input type="text"/>	<input type="text"/>
Address <input type="text"/>		
Name <input type="text"/>	SSN <input type="text"/>	<input type="text"/>
Address <input type="text"/>		
Name <input type="text"/>	SSN <input type="text"/>	<input type="text"/>
Address <input type="text"/>		

Member's Signature M. J. Chase Date 10-3-05

Member's Address:



CHASE Member's Last Name	MARK First	J M.I.	Social Security #
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To Be Completed by Witness of Choice of Beneficiary of Accumulated Total Deductions.

Signature of Witness William F. Schlosstein Date 10/3/05
 Name of Witness (Print) WILLIAM F. SCHLOSSTEIN

Choice of Option (D) Beneficiary

I, (Print Name) MARK J. CHASE, a member of the WORCESTER REGIONAL Retirement System, hereby nominate the beneficiary * listed below, under the provisions of G.L. c. 32, § 12(2)(d) to receive from the retirement system a benefit equal to the Option (C) retirement allowance which would otherwise have been payable to me in the event that I die before being retired.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement this form becomes void.

I understand that this choice of Option D Beneficiary can be superceded if, at my death, I leave a spouse to whom I have been married for over one year and with whom I am living on the date of my death, or if living apart, for justifiable cause as determined by the Retirement Board.

Beneficiary

Name of Eligible Beneficiary	Beneficiary's Relationship to Member
Beneficiary's Date of Birth (Attach birth record)	Beneficiary's Social Security #

Member

Member's Signature M.J. Chase Date 10.03.05

Member's Street Address _____ Member's Social Security # _____

City/Town _____ State _____ Zip _____

To Be Completed by Witness of Choice of Option D Beneficiary

Witness' Signature William F. Schlosstein Date 10/3/05
 Witness' Name (Print) WILLIAM F. SCHLOSSTEIN

* An eligible beneficiary is defined under G.L. c. 32, § 12(2)(d) as the spouse, former spouse who has not remarried, child, father, mother, sister or brother of the member.

CLEAR

New Member Enrollment Form

Form Last Revised: October, 2001

AUG 4 2006

Retirement Board: Please place your address and phone number here. ▶

Worcester Regional Retirement System
Room 3, Court House, 2 Main St
Worcester, MA 01608-1184
Phone: 508-798-7723

Employee Name

CHASE
Last

MARK
First

J M
M.I. Social Security # Sex

Address

Street and Number City/Town State Zip Phone #

Birth Name or Former Name (if different) Date of Birth* Marital Status
12-12-1973 M S W D

Spouse's Name Spouse's Date of Birth # of Children

TOWN OF WARREN - POLICE DEPT PATROLMAN 10/14/04
Agency or Department** Title/Position Starting Date of Present Service

* The Retirement Board requests a copy of birth records and military discharge papers.

** For those retiring from regional or county retirement system, please identify the community.

Are you retired from any other Massachusetts public retirement system? Yes No

Were you ever a member of any other Massachusetts public retirement system? Yes No

List prior or current public retirement system membership:

SYSTEM	DATES OF MEMBERSHIP	ARE YOUR FUNDS STILL ON DEPOSIT?
WORCESTER REGIONAL	JULY '03 to OCT '04	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
- TOWN OF PAXTON	to	<input type="checkbox"/> Yes <input type="checkbox"/> No
	to	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you wish to purchase past creditable service, you must make that request in writing of the relevant retirement system and produce acceptable proof of such service.

Did you ever work for or do you currently work for the Commonwealth or one of its political subdivisions for which you were not/are not a contributing member of a retirement system? Yes No



Member's Last Name
 First
 M.I.
 Social Security #

List prior or current employment with the Commonwealth or one of its political subdivisions (Non-membership):

EMPLOYER	DATES OF EMPLOYMENT
TOWN OF PAXTON - POLICE DEPT (P/T)	NOV '99 to JULY '03
	to
	to

Are you a Veteran?* Yes No Dates of Active Duty Service to

* The retirement board may request a copy of birth records, military discharge papers and other pertinent data.

I hereby authorize the Treasurer to withhold the proper percent of my regular compensation due on each pay period and to deposit such deductions to my credit in the annuity savings fund. I understand the full amount of such deductions, with regular interest as provided by law, will be returned to me upon my written request if I terminate my service, unless I plan to accept a position which would entitle me to become a member of any other contributory retirement system in the Commonwealth. In the event that I die before retiring, my beneficiary or beneficiaries may receive survivor benefits or a refund of my accumulated total deductions as allowed by law.

I sign this form under the pains and penalties of perjury. I affirm that the information presented in this form is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of my benefits as well as civil and criminal penalties.

Employee's Signature *M.P.H.* Date: 10-3-05

To Be Completed by Payroll/Personnel Department and Verified by Retirement Board:

Check base rate to be deducted for retirement:

5%
 7%
 8%
 9%
 Additional 2%

If 5% or 7% or 8%, state reason:

Current Rate of Regular Compensation per Pay Period: 20.33/HR

Employment Status (Check all that apply):

Permanent
 Temporary
 Full-time
 Part-time
 50%
 75%
 Other

Authorized Signature: William F. Schlosstein Date: 10/3/05

Print Name WILLIAM F. SCHLOSSTEIN, TREAS.

To Be Completed by the Retirement Board:

Membership Date
 \$ Annual Regular Compensation
 % to be deducted

Group Classification

The member must also complete the **Beneficiary Selection Form**.

Beneficiary Selection Form (If Member Dies Before Retirement)

Form Last Revised: October, 2001

Retirement Board: Please place your address and phone number here. ▶

Worcester Regional Retirement System
Room 3, Court House, 2 Main St
Worcester, MA 01608-1184
Phone: 508-798-7723

Choice of Beneficiary to Receive a Return of Accumulated Total Deductions at Member's Death

I, (Print Name) MARK J. CHASE, a member of the WORCESTER REGIONAL Retirement System hereby request the Board of Retirement to pay any sum referred to in G.L. c. 32, § 11(2)* due at my death to the following beneficiary or beneficiaries in the proportions designated.

My selection may be superseded by a selection under G.L. c. 32, § 12(2)(d) if I die leaving an eligible spouse who elects to receive a monthly benefit.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement, this form becomes void.

*The types of payments covered under G.L. c. 32, § 11(2) include:

- The payment of the accumulated deductions credited to a member's account in the annuity savings fund at the date of death when the member's death occurs prior to his/her retirement.
- The amount of any uncashed checks payable to a member at his or her death.
- Any person or entity may be a beneficiary under G.L. c. 32, § 11(2). Give complete name and address of each beneficiary below:

		Proportion To Be Paid
Name	<input type="text"/>	SSN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/>	
Name	<input type="text"/>	SSN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/>	
Name	<input type="text"/>	SSN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/>	
Name	<input type="text"/>	SSN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/>	

Member's Signature M.J. Chase Date 10-3-05
Member's Address



Member's Last Name First M.I. Social Security #

To Be Completed by Witness of Choice of Beneficiary of Accumulated Total Deductions.

Signature of Witness William F. Schlosstein Date 10/3/05

Name of Witness (Print) WILLIAM F. SCHLOSSTEIN

Choice of Option (D) Beneficiary

I, (Print Name) , a member of the Retirement System, hereby nominate the beneficiary * listed below, under the provisions of G.L. c. 32, § 12(2)(d) to receive from the retirement system a benefit equal to the Option (C) retirement allowance which would otherwise have been payable to me in the event that I die before being retired.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement this form becomes void.

I understand that this choice of Option D Beneficiary can be superceded if, at my death, I leave a spouse to whom I have been married for over one year and with whom I am living on the date of my death, or if living apart, for justifiable cause as determined by the Retirement Board.

Beneficiary

Name of Eligible Beneficiary Beneficiary's Relationship to Member

Beneficiary's Date of Birth (Attach birth record) Beneficiary's Social Security #

Member

Member's Signature M.J.C. Date 10/03/05

Member's Street Address Member's Social Security #

City/Town State Zip

To Be Completed by Witness of Choice of Option D Beneficiary

Witness' Signature William F. Schlosstein Date 10/3/05

Witness' Name (Print)

* An eligible beneficiary is defined under G.L. c. 32, § 12(2)(d) as the spouse, former spouse who has not remarried, child, father, mother, sister or brother of the member.



CLEAR

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name MARK J. CHASE Employee ID # _____
Employer Name TOWN OF WARREN Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, "Windfall Elimination Provision."

Government Pension Offset Provision

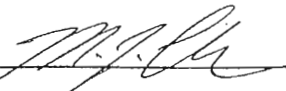
Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security, $\$500 - \$400 = \$100$. Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to the Social Security publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee 

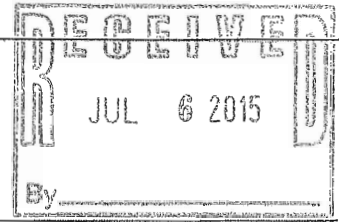
Date 10-03-05

Involuntary Retirement Application (To Be Filed by an Employer)

Updated August, 2003

Retirement Board: Please place your address and phone number here. ▶

WORCESTER REGIONAL RETIREMENT SYSTEM
23 MIDSTATE DRIVE, SUITE 106
MIDSTATE OFFICE PARK
AUBURN, MASSACHUSETTS 01501



To: Retirement Board

This is an application to involuntarily retire the member named below. Attached is an explanation of the member's rights to a hearing and to appeal, and a brief statement of the member's retirement options. The member should contact his/her retirement board for further information or assistance.

A fair summary of the reasons for filing this application is below. The retirement board will review this application, together with information supplied by the employer and, if desired, by the member. If appropriate, the retirement board may then request a regional medical panel be convened. Based on the information gathered and the medical panel's opinion, the board will vote whether to approve or deny this application. The application will then be forwarded to the Public Employee Retirement Administration Commission for review and approval.

Pursuant to G.L. c. 32, §16(1), I respectfully request that (name of member), whose Social Security Number is be retired on the basis of (please check one):

- Ordinary Disability Accidental Disability Superannuation

I offer the following fair summary of facts as the basis for my opinion that the member should be involuntarily retired:

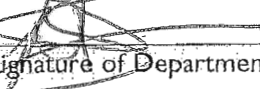
Has this employee been officially investigated for or charged with misappropriation of funds from his/her employer or convicted of any crime related to his/her office or position? Yes No

If yes, please provide documentation.

I am submitting this form and the following attachments to the member's retirement board:

- A description of the member's job that includes all of his/her duties and responsibilities. I have specified those duties that are considered to be essential.
- Copies of all applicable medical information and accident reports.
- I will send a copy of this application form, a brief statement of the member's retirement options, and a statement of the member's rights to a hearing and review to the member by certified mail. I will then file a notice of delivery, including the certified mail return receipt, with the member's retirement board.

Name of Department Head (print)


Signature of Department Head

Title of Department Head

Date



Chapter 32: Section 16 of the General Laws of Massachusetts Involuntary Retirement; Right to a Hearing; Right of Review or Appeal.

Section 16 (1): Involuntary Retirement and Right to a Hearing

(a) Any head of a department who is of the opinion that any member employed therein should be retired for superannuation, ordinary disability or accidental disability, in accordance with the provisions of section five, six, or seven, as the case may be, may file with the board on a prescribed form a written application for such retirement. Such application shall include a fair summary of the facts upon which such opinion is premised.

The applicant shall forthwith deliver to such member by registered mail, with a return receipt requested, a true copy of such application, together with a brief statement of the options available to such member on his retirement and a statement of his right, if any, to request a hearing with regard to such retirement and of the right, if any, of review available to him, as provided for in this section, in case he is aggrieved by any action taken or decision of the board rendered or by failure of the board to act upon his request or to render a decision within the time specified in this subdivision. Upon such delivery to such member the head of the department, or one acting in his behalf, shall file with the board under the penalties of perjury a written notice of such delivery, including the date thereof.

(b) Any member in service classified in Group 1, Group 2 or Group 4 who has attained age fifty-five and completed fifteen or more years of creditable service, or any member in service so classified who has not attained age fifty-five but who has completed twenty or more years of creditable service, for whom an application for his retirement is filed by the head of his department as provided for in paragraph (a) of this subdivision, may, within fifteen days of the receipt of his copy of such application, file with the board a written request for a private or public hearing upon such application. If no such request is so filed, the facts set forth in such application shall be deemed to be admitted by such member; otherwise such hearing shall be held not less than ten nor more than thirty days after the filing of the request. The board, after giving due notice, shall conduct such hearing in such manner and at such time or times as the best interests of all parties concerned may require. The board shall prepare and file with its clerk or secretary a certificate containing its findings and decision, copies of which shall be sent to the proper parties within fifteen days after completion of such hearing.

(c) If the board finds that any member should be retired under the provisions of this subdivision, he shall receive the same retirement allowance as he would have received had the application been made by himself. If the board finds that such member should not be retired, he shall continue in his office or position without loss of compensation, subject to the provisions of sections one to twenty-eight inclusive, as though no such application had been made.

(There is no subdivision (2))

Section 16 (3): Right of Review by District Court

(a) Any member classified in Group 1, Group 2 or Group 4 who has attained age fifty-five and completed fifteen or more years of creditable service, or any member so classified who has not attained age fifty-five but who has completed twenty or more years of creditable service, or any such member who is a veteran and has completed ten or more years of creditable service, and who is aggrieved by any action taken or decision of a board or the public employee retirement administration commission rendered with reference to his involuntary retirement under the provisions of subdivision (1) or to his removal or discharge as set forth in subdivision (2), or any member who is aggrieved by any action taken or decision of a board or the public employee retirement administration commission rendered with reference to his dereliction of duty as set forth in section fifteen, may, within thirty days after the certification of the decision of the board, bring a petition in the

Section 16 (3): Right of Review by District Court (Continued)

district court within the territorial jurisdiction in which he resides praying that such action and decision be reviewed by the court.

After such notice as the court deems necessary, it shall review such action and decision, hear any and all evidence and determine whether such action was justified. If the court finds that such action was justified the decision of the board or the public employee retirement administration commission shall be affirmed; otherwise it shall be reversed and of no effect. If the court finds that such member was unjustifiably retired, removed or discharged from his office or position he shall be reinstated thereto without loss of compensation. The decision of the court shall be final.

(b) Any member whose office or position is subject to chapter thirty-one or to the rules and regulations made under authority thereof, who is aggrieved by any action taken or decision of a board or the public employee retirement administration commission rendered as described in paragraph (a) of this subdivision shall, for the purposes of sections one to twenty-eight, inclusive, have and retain such of the rights provided by sections forty-two A, forty-two B, forty-three and forty-five of chapter thirty-one as applied to his particular office or position, and the court shall, in addition to the matters it is required to review under such sections of chapter thirty-one, affirm or disaffirm the decision of the board or the public employee retirement administration commission as provided for in paragraph (a) of this subdivision.

(4): Right of Appeal to Contributory Retirement Appeal Board

There shall be an unpaid contributory retirement appeal board which shall consist of three members as follows: an assistant attorney general who shall be designated in writing from time to time by the attorney general who shall act as chairman, the public employee retirement administration commission or an assistant who shall be designated in writing, from time to time, by the said commission, and a member appointed by the governor for a term of five years. In the event the matter before the contributory retirement appeal board deals with any matter related to disability retirement or interim benefits as awarded by the division of administrative law appeals, the commissioner of public health or his designee shall substitute for the public employee retirement administration commission.

The members of the contributory retirement appeal board shall be compensated for any expenses incurred in the performance of their official duties. On matters other than those subject to review by the district court as provided for in subdivision (3), or other than those which would have been subject to review had the requirement for the minimum period of creditable service been fulfilled, any person when aggrieved by any action taken or decision of the retirement board or the public employee retirement administration commission rendered, or by the failure of a retirement board or the public employee retirement administration commission to act, may appeal to the contributory retirement appeal board by filing therewith a claim in writing within fifteen days of notification of such action or decision of the retirement board or the commission, or may so appeal within fifteen days after the expiration of the time specified in sections one to twenty-eight, inclusive, within which a board or the commission must act upon a written request thereto, or within fifteen days after the expiration of one month following the date of filing a written request with the board or the commission if no time for action thereon is specified, in case the board or the commission failed to act thereon within the time specified or within one month, as the case may be. The contributory retirement appeal board, after giving due notice, shall, not less than ten nor more than sixty days after filing of any such claim of appeal, assign such appeal to the division of administrative law appeals for a hearing. The division of administrative law appeals shall maintain the official records of the contributory retirement appeal board. After the conclusion of such hearing, the division of Administrative Law Appeals shall submit to the parties a written decision which shall be final and binding upon the board involved and upon all other parties, and shall be complied with by such

Section 16 (4): Right of Appeal to Contributory Retirement Appeal Board (Continued)

board and by such parties, unless within fifteen days after such decision, (1) either party objects to such decision, in writing, to the contributory retirement appeal board; or (2) the contributory retirement appeal board orders, in writing, that said board shall review such decision and take such further action as is appropriate and consistent with the appeal provided by this section. The contributory retirement appeal board shall then pass upon the appeal within six months after the conclusion of such hearing, and its decision shall be final and binding upon the board involved and upon all other parties, and shall be complied with by such board and by such parties. Any person, upon making an appeal involving a disability retirement allowance, shall be permitted to retire for superannuation retirement, if otherwise eligible, pending the decision of the contributory retirement appeal board, but in no event shall such action prejudice the person from receiving any further benefits which the contributory retirement appeal board may grant in its decision nor shall the person upon a finding in favor of the employer be required to reimburse the employer for payments made prior to the decision of the contributory retirement appeal board.

On appeals involving disability or where medical reports are part of the proceedings, the contributory retirement appeal board may request further information from the members of the appropriate regional medical panel, or may employ a registered physician to advise them in determination of an appeal.

The contributory retirement appeal board shall have the power to subpoena witnesses, administer oaths and examine such parts of the books and records of the parties to a proceeding as relate to questions in dispute. Fees for such witnesses shall be the same as for witnesses before the courts in civil actions, and shall be paid from the Appropriation Fund of the division of administrative law appeals.

The contributory retirement appeal board, acting through the division of administrative law appeals, shall arrange for the publication of its decisions and the cost of such publication shall be paid from the Appropriation Fund of the division of administrative law appeals.

The contributory retirement appeal board shall establish a fee structure for appeals brought under this section, which shall be subject to the approval of the commissioner of administration.

The division of administrative law appeals shall submit to the contributory retirement appeal board on an annual basis a report on the status of all cases that have been assigned to the division of administrative law appeals for a hearing.

(5): Provisions Not Applicable to Certain Members

The provisions of this section relative to the right of any member to a hearing or to the right of review by the district court shall not apply in the case of the removal or discharge of any state official or of any official of any political subdivision of the commonwealth for which provision is otherwise made in any general or special law, anything in this section to the contrary notwithstanding. The provisions of this section relative to the right of any member to a hearing or to the right of review by the district court shall not apply to any teacher or principal or superintendent of schools employed at discretion or any superintendent employed under a contract, for the duration of his contract, or any principal or supervisor, who has been dismissed, demoted, or removed from a position by a vote of a school committee under the provisions of section forty-two, forty-two A or section sixty-three of chapter seventy-one. The provisions of this section shall not apply to any member classified in Group 3.

Information About Retirement Options

Your retirement board will provide you with a Choice of Retirement Option Form, and will assist you in making an informed selection about selecting the option that is best for you, but a brief description of the options available to you is included here. Any public employee who retires on the basis of ordinary or accidental disability or superannuation may elect to have his or her retirement allowance paid according to one of the three following Options. If you fail to select an Option, the allowance will be paid under Option B.

Option A

Election of Option A means that you will receive the full retirement allowance in monthly payments as long as you live. Allowance payments will cease upon your death and no benefits will be provided to your survivors.

Option B

Option B provides you with a lifetime allowance which is 3% to 5% less per month than Option A. The annuity portion of your allowance will be reduced to allow a benefit for your beneficiary. If your death occurs before the total payments of the annuity portion of your allowance equal your total accumulated deductions at your retirement, the unexpended balance of your total accumulated deductions will be paid to your surviving beneficiary of record, (or, if there is no beneficiary living, the person or persons who appear to be entitled in the judgement of your retirement board).

Option C

Selecting Option C means that the allowance payments that you receive during your lifetime will be approximately 20% less than those you would have received under Option A. Upon your death, your designated beneficiary will be paid a monthly allowance for the remainder of his or her lifetime. That allowance will be equal to two-thirds of the allowance which was being paid to you at the time of your death. Only your spouse, former spouse who has not remarried, child, father, mother, sister or brother may be your beneficiary.

Spousal Acknowledgment

The retirement option election of any married member is not valid unless the signature of the member's spouse indicating the member's spouse's knowledge and understanding of the retirement option selected accompanies it.

Commonwealth of Massachusetts
Worcester Regional Retirement System

Kevin P. Blanchette • Chairman/CEO

Board Members: Carol A. Baron • Pauline M. Lajoie • Michael J. Donoghue • Eugene J. Durgin, Jr.

July 6, 2015

Mr. Mark J. Chase

Dear Mark:

It was nice speaking with you today and as I said, I will be handling your case for the Worcester Regional Retirement System, attached is the paperwork necessary to request medical records from doctors and hospitals to support your case. Also, you will find a Glossary of Terms that can be kept for your reference.

All completed forms should be sent to my attention at the Worcester Regional Retirement System at the address listed above. If you have any questions, please contact the office at 508-832-6314. In the near future, I will request to have an (Disability) Estimate of Retirement calculated for you, this will give you a snapshot of your monthly income if the disability is approved through the retirement system.

Best regards,



Rosemary Shaughnessy
Member Services Representative

Enc. (2)

Introduction

Employer's Statement Pertaining to a Member's Application for Disability Retirement

Updated August, 2003

Who should prepare this form?

In accordance with 840 CMR 10.07 (Code of Massachusetts Regulations), the *Employer's Statement* should be prepared by the head of the department that employs the disability retiree applicant. However, if the department head does not supervise the applicant, the applicant's direct supervisor should prepare and sign this statement and it should be counter-signed by the department head.

What is the timeframe associated with this form?

The *Employer's Statement* should be completed and filed with the applicant's retirement board within fifteen days of its being received by the employer.

Who will ask the employer to complete this form?

In the retirement application that an applicant submits to his/her retirement board, the applicant will identify the name and address of his/her department head and his/her direct supervisor. The retirement board will send a copy of the *Employer's Statement* to the applicant's department head and request that the form be completed.

If an employer has questions about this form, who should be contacted?

If an employer needs further explanation about this form or the disability process in general, the employer should contact the member's retirement board.

What documents must the employer attach to the *Employer's Statement*?

- A copy of the applicant's current official job description. In that job description, the employer must designate those duties that are essential. Employers should use the "Determination of Essential Duties" section of the *Employer's Statement* as a guideline.
- Copies of any and all records regarding the applicant's physical condition at the time of his or her employment with the department (for example, a pre-employment physical examination). *important*
- Copies of any and all records regarding the applicant's physical condition after he or she was employed by the department.
- Copies of any and all records pertaining to the applicant's education, training, qualifications, or certification (for example, a resume or job application).
- Copies of all reports or investigations concerning the applicant's incidents or hazards.
- Copies of any and all Workers' Compensation incident reports and/or any Workers' Compensation settlement agreements made on behalf of the applicant.
- Copies of any and all reports associated with the applicant's G.L. c. 41, § 111F benefits.



Accidental Disability

ESTIMATE SHEET

Date: 7/6/2015

NAME: Mark Chase

GROUP: 4 VETERAN: No

ESTIMATE DATE: 7/31/2015

DEDUCTION% _____

SSN: _____

UNIT: Warren / 800

SERVICE

MEMBER'S D.O.B.

12/12/73

BENEFICIARY'S D.O.B.

[Signature]

SALARIES

_____ Current Year
_____ Previous Year
_____ Previous Year
_____ Previous Year

156 weeks

* spiking calc not needed

TOTAL

Average Salary

31
2015

Employer's Statement Pertaining to Member's Application for Disability Retirement 2

CHASE	MARK	J	
Applicant's Last Name	First	M.I.	Social Security #

Applicant's Current Employment

PART TIME 3/18/03

POLICE OFFICER / DETECTIVE	10/10/04 - FT		10/1/2014
Applicant's Functional Title	Date Employment Began	Date Employment Ended	Last Date Able To Perform Essential Duties

Position Classified Under Civil Service Yes No

(1) Please describe the essential duties that the applicant is required to perform in his or her current position. (Please see the last page of this document for a definition of essential duties.)

SEE JOB DESCRIPTION - ATTACHED

(2) How frequently is the applicant required to perform these essential duties?

DAILY

(3) Please describe the physical requirements of the applicant's current position. (For example, how much lifting, bending, strength, etc. is necessary.)

FREQUENT PHYSICAL ACTIVITIES TO INCLUDE WALKING, RUNNING, STAIR CLIMBING, LIFTING, ETC..

(4) Of the physical requirements described above, are there any that the applicant cannot perform because of the claimed disability?

NOT TO MY KNOWLEDGE

(5) Could the applicant perform the essential duties of his or her current position if he or she was reasonably accommodated?

N/A

(6) Based on the applicant's experience and qualifications, are there any positions that the applicant could hold now or in the future?

NOT UNLESS DECLARED FIT FOR DUTY

Employer's Statement Pertaining to Member's Application for Disability Retirement 3

CHASE	MARK	J	
Applicant's Last Name	First	M.I.	Social Security #

(7) Has this employee been officially investigated for or charged with misappropriation of funds from his/her employer or convicted of any crime related to his/her office or position? Yes No
If **yes**, please provide documentation.

Medical Condition & Current Employment

(1) Has the applicant's medical condition affected his or her attendance and job performance?
Please describe how.

YES - HE HAS BEEN OUT OF WORK SINCE OCTOBER 2014

(2) Did the applicant request any modification of job duties in order to accommodate his or her medical condition? If yes, please explain.

NO

(3) Has your department offered any modification of job duties or other reasonable accommodations to the applicant because of his or her medical condition? If so, please explain.

NO

(4) Did the applicant file any grievances against your department that could be related to his or her claim for disability? Please explain the status of any such grievance.

NO

(5) Based on the applicant's claim of disability, has your department conducted any tests or studies on the building in which your department is located or the surrounding grounds? If yes, please explain.

NO

(6) Is the applicant's claimed disability the result of or in any way related to, a personnel action?
If yes, please explain.

NO

Employer's Statement Pertaining to Member's Application for Disability Retirement 4

CHASE	MARK	J	
Applicant's Last Name	First	M.I.	Social Security #

(7) Is the applicant's claimed disability the result of any misconduct on his/her part? If yes, please explain.

NO

Circumstances Related to Claim of Accidental Disability

If you are aware of any incidents or hazards that are related to the applicant's job duties that may have caused or contributed to the applicant's claimed disability, provide information about them, in as specific a manner as possible, in the following section. If the space provided proves to be insufficient, you may attach additional sheets to this document. If you are not aware of any such job related incidents or hazards, skip this section.

One of the conditions for receiving approval of an application for accidental disability retirement benefits is that the retirement board must find that the applicant's disability is the natural and proximate result of either :

- A personal injury sustained (usually, one or several specific incidents) or
- A hazard undergone (generally, exposure to a harmful situation over a period of time).

Occurrence #1 of an Incident or Hazard Related to the Applicant's Job Duties

2005		WARREN
Date	Time	Location

Description of Incident or Hazard

Witness Data Related to Occurrence #1 of an Incident or Hazard Related to the Applicant's Job Duties:

Please provide the following information about each individual who witnessed the incident or hazard (related to the applicant's job duties) described above.

Name				
Street Address			Relationship to Applicant	
City	State	Zip	Phone #	

Employer's Statement Pertaining to Member's Application for Disability Retirement 5

CHASE	MARK	J	
Applicant's Last Name	First	M.I.	Social Security #

Occurrence #2 of an Incident or Hazard Related to the Applicant's Job Duties

Date	Time	Location

Description of Incident or Hazard

Witness Data Related to Occurrence #2 of an Incident or Hazard Related to the Applicant's Job Duties:

Please provide the following information about each individual who witnessed the incident or hazard (related to the applicant's job duties) described above.

Name				
Street Address			Relationship to Applicant	
City	State	Zip	Phone #	

Employer's Statement Pertaining to Member's Application for Disability Retirement 6

CHASE	MARK	J	
Applicant's Last Name	First	M.I.	Social-Security #

Are you are aware of any incidents or hazards that are **not** related to the applicant's job duties that may have caused or contributed to the applicant's claimed disability? If so, provide information about them in the following section. If you are not aware of any such non-job related incidents or hazards, skip this section.

Occurrence of an Incident or Hazard NOT Related to the Applicant's Job Duties

Date	Time	Location

Description of Incident or Hazard

Witness Data Related to Occurrence of an Incident or Hazard NOT Related to the Applicant's Job Duties:

Please provide the following information about each individual who witnessed the incident or hazard (not related to the applicant's job duties) described above.

Name

Street Address	Relationship to Applicant

City	State	Zip	Phone #

Early Intervention Plan

(1) Has the applicant been offered an early intervention plan pursuant to G.L. c. 32, § 5B?

Yes No

(2) Has the applicant failed to participate in the assessment or required rehabilitation of an early intervention plan pursuant to G.L. c. 32, § 5B?

Yes No

Employer's Statement Pertaining to Member's Application for Disability Retirement 7

CHASE	MARK	J	
Applicant's Last Name	First	M.I.	Social Security #

Workers' Compensation (Related to the Applicant's Claimed Disability)

(1) Has the applicant applied for Workers' Compensation benefits?

Yes No

If yes, please provide the date of application:

(2) Has the applicant received or is he/she now receiving Workers' Compensation benefits?

Yes No

If yes, please provide the following information:

(A) Date weekly payments commenced:

(B) Amount of weekly payment:

(C) Date payments terminated, if relevant:

(D) Did the Treasurer/DIA construct a rehabilitation plan in the course of the applicant's Workers' Compensation claim?

Yes No

(3) Has the applicant received a Workers' Compensation settlement?

Yes No

If yes, record the date the settlement was awarded:

Section III F Benefits (Related to the Applicant's Claimed Disability)

(1) Has the applicant received or is he or she receiving benefits pursuant to G.L. c. 41, § III F?

Yes No

If yes, please provide dates for the periods during which § III F benefits are or were being paid:

PLACED ON III F FROM OCTOBER 2014 TO PRESENT

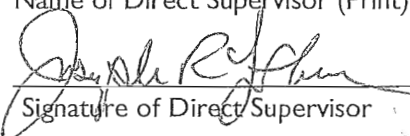
Employer's Statement Pertaining to Member's Application for Disability Retirement 8

CHASE	MARK	J	(
Applicant's Last Name	First	M.I.	Social Security #

Required Signatures

I, the undersigned, have been authorized by the department/agency listed on page 1 to prepare this statement. I understand that the above named applicant has applied for disability retirement pursuant to the provisions of Massachusetts General Laws Chapter 32. I certify that I have read and understand the information contained in this statement, and I subscribe, under the pains and penalties of perjury, that the information I have supplied in this statement is true, complete and accurate to the best of my knowledge.

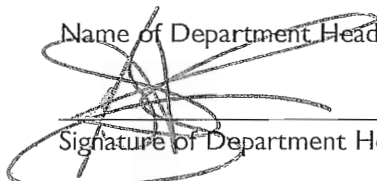
Name of Direct Supervisor (Print): JOSEPH R. LAFLOWER


Signature of Direct Supervisor

7/15/2015
Date

I, the undersigned, have been authorized by the department/agency listed on page 1 to counter sign this statement. I understand that the above named applicant has applied for disability retirement pursuant to the provisions of Massachusetts General Laws Chapter 32. I certify that I have read and understand the information contained in this statement, and I subscribe, under the pains and penalties of perjury, that the information supplied in this statement is true, complete and accurate to the best of my knowledge.

Name of Department Head (Print): BRUCE D. SPIEWAKOWSKI


Signature of Department Head

7/15/15
Date

Determination of Essential Duties

In connection with all applications for disability retirement and evaluations, a determination of the essential duties of the relevant job or position shall be made.

The determination of what constitutes an essential duty of a job or position is to be made by the employer, based on all relevant facts and circumstances and after consideration of a number of factors.

Please note that if the Commonwealth's Human Resources Division has promulgated a list or description of essential duties for a position that is consistent with those of the member's position, the employer shall submit such a list or description as the essential duties for the position in question.

The telephone number of the Commonwealth's Human Resources Division is 617-727-3777. Their web site address is <http://www.magnet.state.ma.us/hrd/hrd.htm>. It is anticipated that job specifications will be posted there.

The term "essential duties" as used in Massachusetts General Laws, Chapter 32 and in all regulations promulgated by the Public Employee Retirement Administration Commission shall mean those duties or functions of a job or position which must necessarily be performed by an employee to accomplish the principal object(s) of the job or position. The essential duties of a position are those that bear more than a marginal relationship to the position. In making the determination as to whether a function or duty is essential, the employer shall consider and provide documentation to include, but not be limited to:

- The nature of the employer's operation and the organizational structure of the employer;
- Current written job descriptions;
- Whether the employer requires all employees in a particular position to be prepared to perform a specific duty;
- The number of employees available, if any, among whom the performance of the job function can be distributed;
- The amount of time that employees spend performing the function;
- Whether the function is so highly specialized that the person in the position was hired for his or her special ability to perform the function;
- The consequences of not requiring the employee to perform the function;
- The actual experience of those persons who hold and have held the position or similar positions; and
- Collective bargaining agreements.

**Addendum Sheet
to the
Employer's Statement Pertaining to Member's Application for
Disability Retirement**

Please use this sheet to provide further information in the event that you find the space provided on the form to be insufficient. Please identify the question(s), by Page Number and Question Number, for which you are providing further information.

EMPLOYER STATEMENT

JOB DESCRIPTION

PATROL OFFICER

SUMMARY

A patrolman shall be responsible for the efficient performance of all duties in conformance with the rules, regulations, policies, procedures and orders contained in all manuals issued by the Department.

His/her mission shall consist of but is not necessarily limited to, the following general police responsibilities:

1. Identify criminal offenders and criminal activity and where appropriate, apprehend offenders and participate in subsequent court proceedings.
2. Reduce the opportunities for the commission of crime through preventive and directed patrols and crime prevention measures.
3. Aid individuals who are in danger of physical harm.
4. Protect constitutional guarantees.
5. Facilitate the movement of people and activities.
6. Assist those who cannot care for themselves.
7. Resolve conflict.
8. Identify problems that are potentially serious law enforcement or governmental problems.
9. Create and maintain a feeling of security in the community.
10. Promote and preserve civil order.
11. Provide other services on an emergency basis.
12. He/she shall be assigned to perform specific duties and responsibilities as required by the Chief of Police or his/her designee.

DUTIES AND RESPONSIBILITIES (GENERAL)

1. Exercise authority consistent with the obligations imposed by his/her oath of office and is accountable to his/her superior officers, promptly obeying legitimate orders.

2. Coordinate his/her efforts with those of other members of the Department so that their teamwork may insure continuity of purpose and minimum achievement of police objectives.
3. Communicate to his/her superiors and to co-workers all information he may obtain which is pertinent to the achievement of police objectives.
4. Be available for duty at all times in case of special needs or emergencies and respond punctually to all assignments.
5. By study and research, become familiar with advanced techniques and ideas designed to improve police performance.
6. Acquire and record information concerning events that have taken place since his/her last briefing and are continuously attentive to instructions.
7. Record all activity during his/her tour of duty in the manner prescribed to him/her by his/her superiors.
8. Devote the maximum possible time to the performance of his/her assigned duties.
9. Maintain arms and equipment in a functional, presentable condition, promptly correcting defects and reporting any serious defects to his/her superior.
10. Make reports of crimes, collisions and other incidents in conformity with the procedures outlined in current directives for their accurate and complete preparation.
11. Exert every effort to satisfy the needs of citizens requesting service, assistance or information and courteously explain any instance where jurisdiction does not lie with the police department and suggest other procedures to be followed.
12. Be accountable for the securing, receipt and proper transporting of all evidence and property coming into his/her custody.
13. Be alert to the development of conditions tending to cause crime, take preventive actions to correct such conditions and inform his/her superiors as soon as the situation permits.
14. Conduct a thorough investigation of all offenses and incidents within his/her area of assignment and scope of activity. He/she shall collect evidence and record data, which will aid in identification, apprehension and prosecution of offenders and the recovery of property.

DUTIES AND RESPONSIBILITIES (SPECIFIC)
PATROL

1. Patrol assigned area in one or two officer radio car for general purposes of crime prevention and enforcement. Pay special attention to those public offenses and criminal activities, which are more likely to occur during one's tour of duty. Patrol includes: apprehending persons violating the law or wanted by the police; public assembly checks; building security checks; legal interrogation of suspicious adults and juveniles; issuing traffic citations; locating fires; reporting street light and traffic signals out of order street hazards and other safety problems; checks of schools, parks and playgrounds.
2. Examine in the nighttime, doors and windows of the business places in his/her assigned area of patrol to see that they are properly secured. If any door or window is found to be unsecured, he/she shall notify the station and take immediate measures to secure the property if it is apparent that the owner inadvertently left the door or window open. However, if it appears the door or window was forced open to gain unlawful entry into the building, he/she shall immediately notify his/her superior officer of the situation and request assistance to search the premises.
3. Become thoroughly familiar with his/her assigned route of patrol. This includes residents, merchants and institutions; roads, alleyways and paths; conditions that contribute to crime and resources for emergency or other assistance, such as the location of fire boxes and telephones.
4. Remain on his/her assigned sector throughout a tour of duty except when a police emergency necessitates a temporary absence or when a superior officer or the dispatcher has issued such authorization.
5. Patrol every part of his/her beat giving particular attention to and frequently re-checking locations where the crime hazard is great. In so far as possible, he/she shall not patrol his/her area according to any fixed route or schedule but shall alternate frequently and back track in order to be at the location least expected.
6. Be alert for all nuisances, impediments, obstructions, defects or other conditions that might endanger or hinder the safety, health or convenience of the public within his/her patrol area.
7. Take measures to direct the flow of traffic in his/her area during periods of congestion.
8. Keep portable radios equipment in operation at all times and be thoroughly familiar with Department policy concerning use of the radios. Give location when contacted by radio.
9. Be prepared to participate in special operations such as directed patrols, community policing initiatives, selective enforcement and others.

SERVICE TO THE PUBLIC

1. Respond to situations brought to his/her attention while in the course of routine patrol or assigned by radio. Render first aid to persons who are seriously ill or injured; assist people with special needs, lost persons or other persons needing police assistance.
2. Answer questions asked by the general public, counsel juveniles and adults when necessary and refer them to persons or agencies where they can obtain further assistance.
3. Preserve the peace at public gatherings, neighborhood disputes and family fights.

REPORT WRITING

1. Complete detailed crime reports on all reported public offenses, crimes and vehicle collisions. In cases where an arrest is made, an arrest report is submitted along with the required crime reports. When property is recovered or additional information is discovered pertaining to a previously reported offense, the officer completes an investigation report and secures the property according to established Department procedures.
2. Take statements from witnesses, suspect and complainants at the scene of most serious offenses and traffic collisions.
3. Complete brief complaint reports on assignments where no offense has occurred or further police action is required.
4. When an officer is involved in a situation where there is an unfavorable public reaction or charges are made against a police officer, submit a report through command channels explaining the circumstances in detail.

MISCELLANEOUS ACTIVITIES

1. When directed by a superior officer, serve or deliver warrants, summonses subpoenas and other official papers promptly and accurately in accordance with Department policy.
2. Guard prisoners who are receiving treatment at a hospital.
3. When dispatched, leave assigned area to assist fellow officers on calls of a serious or dangerous nature.
4. Be fit and able to testify in court and confer with court liaison officer when assigned, testify in court.

5. Accomplish other general duties and functions as they are assigned or become necessary.
6. If assigned to operate a motor vehicle, patrol officer is responsible for the following, prior to going on patrol, and/or during patrol shifts:
 - a. Inspect the physical condition of the cruiser- not limited to obvious cosmetics, damage, condition of tires, undercarriage and external equipment, i.e. light bar, siren.
 - b. See that the cruiser is well maintained mechanically and that it is kept clean both inside and out.
 - c. Responsible for maintaining gas level by not allowing cruiser to go below 1/2/a tank.
 - d. Oil level must be checked at each fill, add oil when needed.
 - e. Trunk should be checked for placement and serviceability of all necessary equipment not limited to fire extinguisher, first aid kit, oxygen, road flares, spare tire and motor vehicle lock out tool.
 - f. Report all defects and damage sustained to the on duty administrator and complete all reports and forms required for such by current procedures.
 - g. Have a valid Massachusetts driver's license.
 - h. Always give Dispatch the cruiser starting mileage at the beginning of your tour of duty, and the ending mileage at the end of your tour of duty.
 - i. Operate the radio in line with FCC and Department regulations. Whenever the cruiser is left unattended or the radio is taken off the air, notify Dispatch, giving the location. When back in service, advise Dispatch of same.
7. Always drive the assigned vehicle with due regards for personal safety. When on regular patrol, drive at a speed and in such a manner as will enable one to see any conditions in the assigned patrol area that may require police attention.
8. Be prepared for inspection of uniforms, equipment and general appearance.

WHEN RESPONDING TO A REPORT OF A CRIME OR SERIOUS INCIDENT

1. Use the siren and flashing lights when it is necessary to do so and in accordance with Department procedure and MGL to ease passage through traffic provided their use does not defeat more important police purposes such as maintaining the element of surprise.

2. When approaching the area of a crime scene, observe all weapons in the vicinity and the registration numbers of vehicles leaving the area.
3. Keep the dispatchers and officer in charge informed of all pertinent information relating to the crime scene or serious incident area until a superior officer arrives to take command.
4. Consistent with responsibilities at the scene and with orders received from superiors, resume regular patrol as soon as possible.

SPECIAL REQUIREMENTS

Must possess, or be able to obtain by time of hire, a valid State Driver's License without record of suspension or revocation in any state; ability to meet physical standards as established by the Massachusetts Criminal Justice Training Council; and must be able to successfully complete all phases of the selection process; and must be able to reside within 15 miles of the limits of the Town.

TOOLS AND EQUIPMENT USED

Police car, police radio, radar gun, handgun and other weapons as required, baton, handcuffs, breathalyzer, pager, first aid equipment.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to sit and talk or hear. The employee is occasionally required to stand; walk; use hands to finger, handle, or feel objects, tools, or controls; reach with hands and arms; climb or balance; stoop, kneel, crouch, or crawl; and taste or smell.

The employee must occasionally lift and/or move more than 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee frequently works in outside weather conditions. The employee occasionally works near moving mechanical parts; in high, precarious places; and with explosives and is occasionally exposed to wet and/or humid conditions, fumes or airborne particles, toxic or caustic chemicals, extreme cold, extreme heat, and vibration.

The noise level in the work environment is usually moderate.

SELECTION GUIDELINES:

Formal application; review of education and experience; examinations, including but not limited to written, assessment exercises, medical, physical, and psychological; oral interviews; background check; final selection.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

Commonwealth of Massachusetts
Worcester Regional Retirement System

Kevin P. Blanchette • Chairman/CEO

Board Members: Carol A. Baron • Pauline M. Lajoie • Michael J. Donoghue • Eugene J. Durgin, Jr.

August 12, 2015

Mr. Mark Chase

Dear Mr. Chase:

After carefully reviewing your file, Worcester Regional Retirement Systems noted that retirement deductions while working for the Town of Warren were not deducted while out on IOD G.L.c. 41,§111F since September 6, 2012.

Therefore, the total amount owed on your account is: \$7,659.84. Massachusetts State Law requires that you pay this back to the retirement system. Please make out your check to Worcester Regional Retirement System.

Thank you for your understanding and cooperation in this matter

Sincerely yours,



Kevin P. Blanchette
Chairman/Chief Executive Officer

KPB/rs

Commonwealth of Massachusetts
Worcester Regional Retirement System

Kevin P. Blanchette • Chairman/CEO

Board Members: Carol A. Baron • Pauline M. Lajoie • Michael J. Donoghue • Eugene J. Durgin, Jr.

August 12, 2015

Mr. Mark Chase
257 West Main Street
Millbury, MA 01527

Dear Mr. Chase:

Please find enclosed the estimate(s) of your retirement benefits earned in the Worcester Regional Retirement System that you recently requested. Please be aware that this is only an estimate and it is based upon payroll information we currently have on file regarding your account. While this estimate gives you a snapshot of what you have earned to date, a number of factors can affect your future benefits. Changes in the state retirement laws, changes in your title or job classification, and changes in your employment status can all affect your retirement benefits.

Please review the enclosed estimate(s) carefully. When you have finalized your retirement date, we strongly suggest that you make an appointment for counseling prior to your retirement. If you have any questions please do not hesitate to contact this office.

Very truly yours,



Kevin P. Blanchette
Chairman/Chief Executive Officer

KPB/rs

Enclosures: (1) Accidental Disability Retirement
(2) Ordinary Disability Retirement

PERAC

file

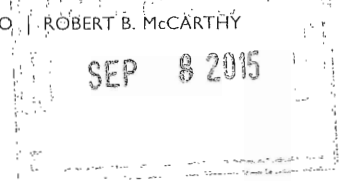
COMMONWEALTH OF MASSACHUSETTS | PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION

PHILIP Y. BROWN, ESQ., *Chairman*

JOSEPH E. CONNARTON, *Executive Director*

Auditor SUZANNE M. BUMP | KATE FITZPATRICK | ELIZABETH FONTAINE | JOHN B. LANGAN | JAMES M. MACHADO | ROBERT B. McCARTHY

September 01, 2015



Worcester Regional Retirement Board
23 Midstate Drive, Suite 106
Auburn, MA 01501

Dear Worcester Regional Retirement Board :

Please be advised that, at your request, the Commission has scheduled a medical examination as required by G.L. c. 32, § 6(3), to evaluate the medical condition of the member named below. The examination will be conducted as described below :

Name: Mark J. Chase

Date: _____ Time: _____

Location: _____

Medical Panel Specialty: _____

Physicians: _____

PLEASE NOTE THAT THE PHYSICIAN MAILING ADDRESS(ES) ON THE SECOND PAGE OF THIS NOTICE MAY DIFFER FROM THE LOCATION OF THE EXAMINATION.

If you have any questions regarding this notice, please contact this office at (617) 591-8956.

John W. Parsons
General Counsel / Deputy Director

JBrd1

2016346640
RTM

FIVE MIDDLESEX AVENUE, SUITE 304 | SOMERVILLE, MA 02145
PH 617 666 4446 | FAX 617 628 4002 | TTY 617 591 8917 | WWW.MASS.GOV/PERAC



Disability Transmittal to the Commission

Updated August, 2003

Retirement Board: Please place your address and phone number here. ▶	WORCESTER REGIONAL RETIREMENT SYSTEM 23 MIDSTATE DRIVE MIDSTATE OFFICE PARK AUBURN, MA 01501	<i>Due 11/26/2015</i>
---	---	-----------------------

<input type="text" value="CHASE"/> Member's Last Name	<input type="text" value="MARK"/> First	<input type="text" value="J"/> MI	<input type="text" value="WORC REGIONAL RETIREMENT SYS"/> Retirement Board
<input type="text" value=""/> Social Security #	<input checked="" type="checkbox"/> Accidental Disability <input type="checkbox"/> Ordinary Disability <input type="checkbox"/> Accidental Death (Please check one)		

Retirement Board Decision

To the Commission

We hereby certify that we have received the application of the above named member for a disability retirement/accidental death benefit and have voted to grant the benefit in accordance with the provisions of M G L chapter 32, section Pursuant to G L c 32, § 21(1)(d), § 21(4) and PERAC regulations 840 CMR 10 13(1)(A) and 840 CMR 9 02, we are hereby forwarding our decision to you for your review

If this application is based on a presumption under G L c 32, § 94 or § 94A or § 94B, we made the following findings of fact (By placing a check mark in the box to the left of the finding, the board certifies that it has made the finding of fact)

- The member successfully passed a physical examination upon entry to service or subsequent thereto, which failed to reveal evidence of such a condition
- There is no contrary evidence sufficient to overcome the applicable presumption
- Other causal factors related to the member's physical or mental condition did not contribute to the member's disability
- No event other than the accident or hazard upon which the disability retirement is claimed contributed to the member's disability

If the member is claiming the presumption contained in Section 94B

- He(she) did respond to calls in the line of duty that would have involved the inhalation of or exposure to noxious fumes or poisonous gases
- He(he) has served in a position that renders him(her) eligible for the application of the presumption for at least five years and regularly responded to calls of fire during some portion of his(her) service
- The condition upon which the presumption is based was discovered within five years of the last date on which the member actively served

<i>Karen P. Blanchette</i>	Chair		Member
	Member		Member
	Member	October 27, 2015	Date of Vote



Disability Transmittal to the Commission

CHASE	MARK	J	
Member's Last Name	First	MI	Social Security #

WARREN POLICE DEPARTMENT	POLICE OFFICER
Name of Unit	Job Title/Group

12/12/73		07/10/2004
Date of Birth	Date of Retirement	Date of Membership

Years	Months	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Total Creditable Service		Veteran Status	

Annual rate of regular compensation on date of injury, or

Average annual rate of regular compensation for 12-month period last received

In case of an accidental disability/accidental death (other than in presumption cases), check appropriate provision

- Notice to board within 90 days?
- Accident occurred within 2 years preceding date of application?
- Group 4 member is the record of the injury on file in the official records of his/her department?

Information required in connection with G L c 152 (Workers' Compensation) and G L c 41, § 111F (Injured On Duty)

Covered by the Workers' Compensation Act? Yes No

Date compensation first received in connection with this accident?

At what weekly rate?

What period covered?

Receiving G L c 41, § 111F benefits? Yes No

GL c 32, § 15

Has the Retirement Board been made aware that this employee has been officially investigated for or charged with misappropriation of funds from his/her employer or convicted of any crime related to his/her office or position?

Yes No

If yes, please provide documentation

Disability Transmittal to the Commission

3

CHASE	MARK	J	
Member's Last Name	First	MI	Social Security #

After completing this form, submit it and the following attachments to PERAC for approval

- Statement of facts found by the retirement board
- Certificate and narrative report of the regional medical panel
- Certificate and narrative report of the applicant's physician
- Description of the accident, if applicable
- Injury report(s) from official department files
- All descriptions of the applicant's essential duties
- The employer's statement
- Applicant's complete disability retirement application
- Proof of veteran's status including dates of active service, if applicable
- Proof of physical examination upon entry to service or subsequent to entry, if applying under a presumption
- Death certificate, if applicable

Commission Approval

To the Retirement Board

Pursuant to the authority granted to the Commission by G L c 32, § 21(1)(d) and § 21(4), the Commission has reviewed your decision to grant a disability/~~accidental death~~ benefit to Mark J. Chase. The retirement board's decision is hereby approved

11/24/2015
Date

Joseph E. Connolly
Executive Director, Public Employee Retirement Administration Commission

Upon receipt of this approval, the retirement board shall complete and submit the following attachments to PERAC for approval the appropriate PERAC calculation sheet, annuity card, dependent children's birth certificate(s), and proof of physical incapacity of any children

Send To

Public Employee Retirement Administration Commission
Actuarial Unit
5 Middlesex Avenue, Third Floor
Somerville, MA 02145



Worcester Regional Retirement System

23 MIDSTATE DRIVE, SUITE 106
MIDSTATE OFFICE PARK
AUBURN, MA 01501
TELEPHONE (508) 832-6314
FAX: (508) 832-6318

FACSIMILE TRANSMITTAL SHEET

William Schlosstein, Treasurer	FROM: Rosemary Shaughnessy
DATE: NOVEMBER 30, 2015	PHONE: 508-832-6314
FAX NUMBER: (413) 436-9754	EMAIL: rosemary@worcesterregionalretirement.org
TOTAL NO. OF PAGES INCLUDING COVER: 2	
RE: Officer Mark Chase's Approval	

Please find Letter attached for your review!

Commonwealth of Massachusetts
Worcester Regional Retirement System

Kevin P. Blanchette • Chairman/CEO

Board Members: Carol A. Baron • Pauline M. Lajoie • Michael J. Donoghue • Eugene J. Durgin, Jr.

November 30, 2015

William Schlosstein, Treasurer
Town of Warren
48 High Street
Warren, MA 01083

RE: *Mark Chase*

Dear Mr. Schlosstein:

Please be advised that the Worcester Regional Retirement Board, at its monthly meeting of October 27, 2015, approved the Accidental Disability Retirement application for Officer Mark Chase.

The Public Employee Retirement Administration Commission subsequently approved the application on **November 27, 2015**.

At this time, we kindly ask that you advise our office of the last day Officer Chase will be appearing on the **payroll and please provide a detailed payroll register for the 12 month period prior to that date lastly, provide a Notice of Separation** as soon as possible.

If you have any questions, please contact Rosemary Shaughnessy at 508-832-6314.

Very truly yours,

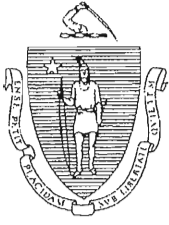


Kevin P. Blanchette
Chairman/Chief Executive Officer

KPB/rs

Facsimile and U.S. Mail

cc: Chief Bruce D. Spiewakowski
1 Milton O Fountain Way
Warren, MA 01083



Worcester Regional Retirement System

23 MIDSTATE DRIVE, SUITE 106
MIDSTATE OFFICE PARK
AUBURN, MA 01501
TELEPHONE (508) 832-6314
FAX: (508) 832-6318

FACSIMILE TRANSMITTAL SHEET

Chief Bruce D. Spiewakowski	FROM: Rosemary Shaughnessy
DATE: NOVEMBER 30, 2015	PHONE: 508-832-6314
FAX NUMBER: 413-436-7674	EMAIL: rosemary@worcesterregionalretirement.org
TOTAL NO. OF PAGES INCLUDING COVER: 2	
RE: Officer Mark Chase's Approval	

Please find Letter attached for your review!

WORCESTER REGIONAL RETIREMENT SYSTEM
23 MIDSTATE DRIVE, Suite 106, Auburn, MA 01501

NOTIFICATION OF SEPARATION FROM SERVICE
(REPORT PERMANENT SEPARATION ONLY)

TO THE RETIREMENT BOARD:

In accordance with the rules and regulations of the Worcester Regional Retirement Board pursuant to M.G.L., Chapter 32, Section 20 (5) (b), as amended, I hereby notify your Board of the permanent separation from service of the following person as an employee of the

TOWN OF WARREN
(Department or Governmental Unit)

Name MARK J. CHASE Soc. Sec. No. _____

Present Address: _____
(Street and Number) (City or Town) (State)

Job Title: POLICE DETECTIVE

Effective Date of Separation from Service: NOVEMBER 28 2015
(Month) (Day) (Year)

Date Present Employment Commenced: JUNE 19 2003

Amount of Salary or Wages \$ 27.73 per hour \$ 1,109.20 per week \$ _____ per month

Cause of Separation from Service: (Check One)

- To enter military service () Resigned - State reason below ()
- Involuntary layoff (other than discharge for cause) () Retirement ()
- Expiration of temporary employment () Death ()
- Discharge - for cause (state reason below) () Transfer of Employment (Name department or governmental unit below) ()
- Position abolished () Other causes - State reason below ()
- Failure of reappointment () State if arbitration, legal action or Dereliction of duty is involved ()

Remarks: ~~IF EMPLOYEE IS STILL EMPLOYED BY THE TOWN/SCHOOL PLEASE MAKE A NOTATION HERE AND RETURN~~

Date last retirement deduction withheld: DEC 3, 2015

Signed: William F. Schuster

This deduction will appear on Retirement Payroll Report for month of: DECEMBER

Title: TOWN TREASURER

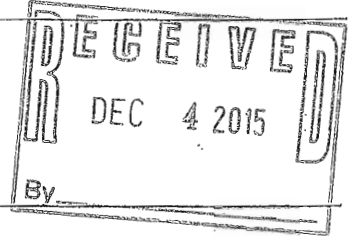
9% REC- 99.83
2% ATTL 10.65
TOTAL 109.48

Choice of Retirement Option Form at Retirement

Form Last Revised: March, 2002

Retirement Board: Please place your address and phone number here. ▶

WORCESTER REGIONAL RETIREMENT SYSTEM
23 MIDSTATE DRIVE, SUITE 106
MIDSTATE OFFICE PARK
AUBURN, MASSACHUSETTS 01501



Member's Information

CHASE

Member's Last Name (Print)

MARK

First

J

M.I.

10-15-15

Date

Instructions

When you apply for retirement, you may select one of three retirement allowance payment Options (A, B or C). For the Option selection to be valid, this completed form must be filed with your retirement board:

- on or before the date the board receives your written application for retirement, or
- on or before the date your allowance becomes effective, or
- not more than 15 days after the board receives a written application for your involuntary retirement from your department head.

1. You may change your Option selection before your retirement becomes effective by filing a new form.
2. You may not change your Option selection once your retirement becomes effective.
3. If no Option selection is made or none is in effect, your allowance will be paid under Option (B).
4. The spousal acknowledgement at the end of this form must be signed if you are married.

Selection of Retirement Option

After reviewing all retirement Options, please sign your name under only one of the Options.

Option (A) No Payment to Beneficiary

Your retirement allowance will be approximately \$ _____ annually for life and all payments will cease upon your death. This Option provides for a full retirement allowance payable in monthly installments during your lifetime. All allowance payments will cease upon your death and no benefits will be provided for any survivors.

To the Retirement Board

I choose to have my retirement allowance paid in accordance with the provisions of G.L. c. 32, § 12(2)(a) of the General Laws which provides an allowance as explained above. I understand that this Option provides the largest possible payment to me under the retirement law and that all payments thereunder cease at my death. I also understand that by choosing this Option, I relinquish on the date that my retirement takes effect all claim to my total accumulated deductions with interest and that upon my death my beneficiary (or estate) will have no claim on these monies.

Member's Signature

Date

10-15-15

Member's Social Security # _____



<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Member's Last Name	First	M.I.	Social Security #

To the Retirement Board: I choose to have my retirement allowance paid in accordance with the provisions of G.L. c. 32, § 12(2)(c) which provides an allowance as explained above. I understand that this retirement allowance will be smaller than under Option (A) or Option (B) but that upon my death two-thirds of this allowance will be paid to the named beneficiary for said beneficiary's life.

Beneficiary's Name Date of Birth
 Relation to Member Social Security #
 Member's Signature _____ Date _____
 Member's Social Security #

Witness

To the Retirement Board: I have read this form with the member whose selection of an Option is made on this document and at his or her request have witnessed his or her signature thereto.

Witness' Signature Michael M. Luomo Date 11-30-15
 Witness' Name (Print)

Spousal Acknowledgment

For any member who is married, an election shall not be valid unless it is accompanied by the signature of the member's spouse indicating the member's spouse's knowledge and understanding of the retirement Option selected. The retirement board shall provide the member and spouse with detailed information regarding the benefit Option selected in order for the member and spouse to make an informed decision regarding said Option. If any member who is married files an election which is not so accompanied, the board shall within fifteen days notify the member's spouse by registered mail of the Option election and of the spouse's right to sign and return an acknowledgment of receipt and understanding of such information within thirty days after receipt of the acknowledgment. The election shall not take effect until it is accompanied by the signature of the member's spouse; provided, however, that no such signature shall be required if the spouse fails to submit such signed acknowledgment on or before the thirtieth day from receipt of the information from the retirement board. Such election made prior to the spousal notification may be changed in accordance with the spouse's understanding of the retirement allowance selected, or at any later time otherwise permitted under this chapter.

IMPORTANT: If you are the spouse of a member, please be certain you have read and understand the foregoing provision relating to your spouse's Option selection. If you do not understand any part of the Option selected by your spouse, please ask for an explanation from your spouse's retirement board. Your signature is not consent or approval, only an acknowledgement of the Option chosen by your spouse.

- Do not sign below unless you understand the Option selected by your spouse and the benefits to which you may or may not be entitled to at his/her death.

Spouse's Signature _____ Date _____
 Spouse's Name (Print)

December 17, 2015

Public Employee Retirement Administration Commission
Calculation Unit
5 Middlesex Avenue – 3rd Floor
Somerville, MA 02145

Gentlemen:

We are submitting the necessary papers covering the Accidental Disability Option A for Mark Chase who retired on 11/28/15.

Very truly yours,

Kevin P. Blanchette
Chairman/Chief Executive Officer

KPB:vah

CALCULATION SHEET FOR OPTION (A) OR (B)
Public Employee Retirement Administration Commission
5 Middlesex Avenue, 3rd Floor
Somerville, MA 02145

DATE PRINTED: 12/17/2015

RETIREMENT SYSTEM: WORCESTER REGIONAL RETIREMENT SYSTEM BOARD CODE NO: 012

SS #: _____ TYPE: Accidental Disability OPTION: A

MEMBER'S NAME: MARK CHASE D.O.B: 12/12/1973 AGE: YRS: 41 MOS: 11

GROUP: 4 SEX: M VETERAN: N EFFECTIVE RETIREMENT DATE: 11/28/2015

BENEFICIARY'S NAME: _____ BENEFICIARY AGE: Yrs: _____ Mos: _____

RELATIONSHIP: _____ OPTION C FACTOR: _____

BENEFICIARY'S DATE OF BIRTH: 07/11/1978

SERVICE:

Bd Code	Start Date	TO	End Date	Service
012	07/10/2004		11/28/2015	11.3333

PRIOR SERVICE YEARS: 0.0000

TOTAL CREDITABLE SERVICE: 11.3333

PREV. 12 MONTHS SALARY: 59204.07

X AGE FACTOR: 0.011

EQUALS BASE: 651.24

YRS OF CRED SERVICE: 11.3333

TOTAL: 7380.70

VET ALLOW: 0.00

TOTAL: 7380.70

DIVIDE BY 12: 615.06

TIMES 12: 7380.72

SALARY: Annual Salary: 59204.07

Above includes:

Holiday pay: N

Longevity pay: N

OPTION A	
ACCUM DEDUCTIONS	58374.79
X ANNUITY FACTOR	0.00621
=MONTHLY ANNUITY	362.51
ANNUAL ANNUITY	4350.12

	ACCIDENTAL DISABILITY	DEPENDANTS	DEPENDANTS DOB
ANNUAL SALARY	59204.07		//
X 72%	42626.93		//
DIVIDE BY 12	3552.24		//
ANNUAL PENSION	42626.88		//
PLUS OPTION A ANNUITY	4350.12		//
DEPENDANT CHILD ALLOW	0.00		//
75% SALARY CAP	44403.00		
ANNUAL PENSION	40052.88	Number of Dependants	0
ANNUAL RET ALLOW	44403.00		
MONTHLY RET ALLOW	3700.25		

Pursuant to Sections 19 and 45 of Chapter 166 of the Acts of 2009, the following information will need to be provided to PERAC for any Accidental Disability retirement allowance that becomes effective on or after July 1, 2009.

Please note that PERAC will not approve any Accidental Disability allowance unless this sheet and the appropriate payroll records are included with the retirement calculation paperwork.

MEMBER'S NAME:

Mark Chase

BOARD NAME:

Warences Regional

For members who were not working in a temporary or acting position on the date of injury:

1. DATE OF INJURY:

N/A

(Please note that for a member who was injured and returned to work and whose initial injury was exacerbated by a later on-the-job injury, the most recent injury date should be used.)

2. ANNUAL RATE OF REGULAR COMPENSATION ON THE DATE OF INJURY:

\$ _____ (Please provide a copy of the payroll record for the member on date of injury.)

3. AVERAGE ANNUAL RATE OF REGULAR COMPENSATION DURING THE PREVIOUS 12-MONTH PERIOD FOR WHICH THE MEMBER LAST RECEIVED REGULAR COMPENSATION IMMEDIATELY PRECEDING THE DATE THE RETIREMENT ALLOWANCE BECOMES EFFECTIVE:

\$ 59,204.07 (Please provide a copy of the payroll record for the member for the 12 month period preceding the date of retirement.)

Note:

For members retiring under one of the presumptions (G.L. c. 32, §§94, 94A or 94B), the date of injury is to be the date the member last received regular compensation.

For members who were working in a temporary or acting position on the date of injury:

4. DATE OF INJURY:

(Please note that for a member who was injured and returned to work and whose initial injury was exacerbated by a later on-the-job injury, the most recent injury date should be used.)

5. ANNUAL RATE OF REGULAR COMPENSATION ON THE DATE OF INJURY FOR THE MEMBER'S PERMANENT POSITION:

\$ _____ (Please provide verification of the compensation for the member's permanent position on the date of injury.)

6. AVERAGE ANNUAL RATE OF REGULAR COMPENSATION FOR THE MEMBER'S PERMANENT POSITION DURING THE PREVIOUS 12-MONTH PERIOD FOR WHICH THE MEMBER LAST RECEIVED REGULAR COMPENSATION IMMEDIATELY PRECEDING THE DATE THE RETIREMENT ALLOWANCE BECOMES EFFECTIVE:

\$ _____ (Please provide verification of the compensation for the member's permanent position for the 12 month period preceding the date of retirement.)

PERAC

COMMONWEALTH OF MASSACHUSETTS | PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION

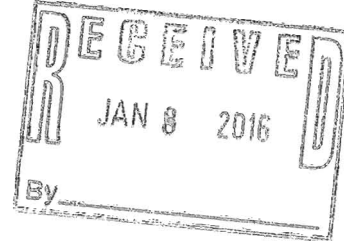
PHILIP Y. BROWN, ESQ., *Chairman*

JOSEPH E. CONNARTON, *Executive Director*

Auditor SUZANNE M. BUMP | KATE FITZPATRICK | ELIZABETH FONTAINE | JOHN B. LANGAN | JAMES M. MACHADO | ROBERT B. McCARTHY

January 05, 2016

Worcester Regional Retirement Board
23 Midstate Drive
Suite 106
Auburn, MA 01501



Dear Director:

Commission approval is hereby granted for payment of the following retirement allowance to MARK CHASE as of November 28, 2015.

Retirement Allowance

Annuity	\$	4,350.12
Pension	\$	40,052.88
Yearly	\$	44,403.00
Monthly	\$	3,700.25

This is an Accidental Disability retirement allowance calculated under option A.

The accumulated total deductions should be transferred to the annuity reserve fund for the payment of the annuity portion of this allowance. The pension portion of the allowance is payable from the pension fund.

Very Truly Yours,

Joseph E. Connarton
Executive Director

SBR
9628

FOR TAX PURPOSES

DEDUCTIONS BEFORE 1/12/1988	\$	
DEDUCTIONS AFTER 1/12/1988	\$	57,786.82
TOTAL INTEREST	\$	587.97
TOTAL ACCUMULATIONS	\$	58,374.79



Commonwealth of Massachusetts
Worcester Regional Retirement System

Kevin P. Blanchette • Chairman/CEO

Board Members: Carol A. Baron • Pauline M. Lajoie • Michael J. Donoghue • Eugene J. Durgin, Jr.

January 31, 2016

Mark Chase

Dear Mr. Chase:

Enclosed, please find your **GROSS** check in the amount of **\$7,647.18** which includes your benefit for 2 days in November, 2015, December, 2015 and January 2016. Your next **GROSS** check will be in the amount of **\$3,700.25** due February 29, 2016. This amount will remain the same unless there is a change due to cost-of-living increase.

If you have any questions, please feel free to contact this office at any time.

Sincerely,

Kevin P. Blanchette
Chief Executive Officer

KPB/sjc
Enclosures

Commonwealth of Massachusetts
Worcester Regional Retirement System

Kevin P. Blanchette • Chairman/CEO

Board Members: Carol A. Baron • Pauline M. Lajoie • Michael J. Donoghue • Eugene J. Durgin, Jr.

January 31, 2016

Mr. Mark Chase

Dear ...

Pursuant to M.G.L., Chapter 32, Section 8, any member retired for accidental or ordinary disability is required to participate in an evaluation to determine whether:

- You are able to perform the essential duties of the position from which you retired, or a similar position within the same department for which you are qualified, or
- You may be able to return to your former job or similar job by participation in a medical or vocational rehabilitation program, or
- You continue to be unable to perform the essential duties of the position from which you retired, or a similar position within the same department.

Such evaluations, to be scheduled by P.E.R.A.C., will take place once per year during the first two years after retirement, once every three years thereafter, and at any time upon your written request. If you refuse without good cause to submit to an evaluation, your rights to the pension shall be terminated.

A P.E.R.A.C. case manager will evaluate your medical records for the claimed incapacity for which you retired. You will be contacted by P.E.R.A.C. within the next year for your first evaluation.

In addition, you are required to file an Annual Statement of Earned Income with P.E.R.A.C. on or before April 15th of each year, beginning next year, certifying the full amount, if any, of your earnings from earned income during the preceding year.

Page two

Pursuant to M.G.L., Chapter 32, Section 91A, your retirement allowance will be adjusted if your earnings, if any, when added to your retirement allowance, exceed the regular compensation which would have been payable to you if you had continued in service in the grade held at the time of retirement, plus \$15,000.00 (unless re-employed in the public sector, then the \$15,000.00 is not allowed).

In addition to and separate from the limitations imposed by M.G.L., Chapter 32, Section 91A, Section 91 places limits on post-retirement work for the Commonwealth of Massachusetts, or one of its political subdivisions, including a limit of 960 hours of work per calendar year.

If you have questions or concerns regarding the above information, please contact this office.

Very truly yours,

Kevin P. Blanchette
Chairman/CEO

KPB:sjc

Commonwealth of Massachusetts

City of Worcester

City Clerk Department

December 27, 1989

I, ENISE LATINO hereby certify that I hold the office of Assistant City Clerk, and have the custody of the Records of this City relating to Birth, and that the following is a copy from the Records of Births, in said City.

Date of Birth..... December 12, 1973
 Name of Child..... Mark Joseph Chase
 Sex..... Male Place of Birth..... Worcester, Massachusetts
 Name of Father..... Joseph Chase
 Occupation of Father..... Laborer
 Birthplace of Father..... Worcester, Massachusetts
 Maiden Name of Mother..... Cynthia A Cristo
 Name of Mother at child's birth..... Cynthia A Chase
 Birthplace of Mother..... Worcester, Massachusetts
 Date of Record..... December 20, 1973

IN WITNESS WHEREOF I hereunto set my hand and seal
 of said City, the day and year first above written

Enise Latino

 bp Assistant City Clerk

440147

THE COMMONWEALTH OF MASSACHUSETTS
CITY OF WORCESTER
OFFICE OF THE CITY CLERK

COPY OF RECORD OF BIRTH

REGISTERED NUMBER: 4132

CHILD

Name: MARK JOSEPH CHASE
Date of BIRTH: DECEMBER 12, 1973 Time: 11:08 AM
Sex: MALE
Place of Birth: WORCESTER, MA

MOTHER

Name: CYNTHIA ANN CHASE
Maiden surname: CRISTO Age at last birthday: 20
Birthplace: WORCESTER, MA
Residence: WORCESTER, MA

FATHER

Name: JOSEPH --- CHASE
Birthplace: WORCESTER, MA
Age at last birthday: 22

Date of RECORD: DECEMBER 20, 1973

I, the undersigned, hereby certify that I am the City Clerk of the City of Worcester; that as such I have custody of the records of births required by law to be kept in my office; I do hereby certify that the above is a true copy from said records.

Witness my hand and the SEAL OF THE CITY OF WORCESTER at Worcester on this 5th day of September 2006.


DAVID J. RUSHFORD
CITY CLERK

IT IS ILLEGAL TO ALTER OR REPRODUCE THIS DOCUMENT

Nantucket Police Department

1996 SUMMER SPECIAL POLICE OFFICER TRAINING PROGRAM

THIS IS TO CERTIFY THAT

Mark Chase

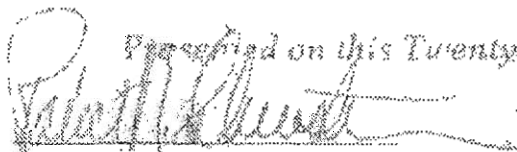
HAS SUCCESSFULLY COMPLETED THE NANTUCKET POLICE DEPARTMENT SUMMER SPECIAL TRAINING PROGRAM WHICH INCLUDED THE FOLLOWING AREAS OF INSTRUCTION:

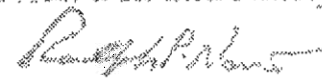
*Traffic Control
Apprehension & Arrest
Use of Force
Patrol Procedures
Use of Aerosol (OC) Sprays
Massachusetts Criminal Law*

*Cardio Pulmonary Resuscitation
Nantucket By-Laws
Community Relations
Officer Survival
Civil Liability*

*Use of Baton
Report Writing
First Responder - First Aid
Policies & Procedures
Domestic Violence
Constitutional Law*

Presented on this Twenty-First Day of June, Nineteen Hundred and Ninety-Six.


Sergeant Robert N. Silverstein
Training Officer


Randolph P. Norris
Chief of Police

Massachusetts



Criminal Justice Training Council

Mark Chase

has successfully completed all requirements for the
Basic Course of Training
for

Reserve / Intermittent Police Officers
as set forth by the M. C. J. T. C. in accordance with MGL c.41B §96B

at
Boylston

on
May 27, 2000

A handwritten signature in black ink, appearing to read "C. Chase".

COURSE COORDINATOR

A handwritten signature in black ink, appearing to read "D. [unclear]".

EXECUTIVE DIRECTOR



Commonwealth of Massachusetts
Municipal Police Training Committee

"Training for Today, Planning for the Future"

Glenn F. McKiel
Warren Police Department
P.O. Box 606 Town Hall Plaza
Warren MA 01083

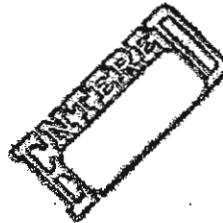
Dear Chief/Training Officer:

This is to inform you of the marks of the following member(s) of your department who attended (in-service/specialized) training held at the MCJTC. Please schedule a make-up exam as soon as possible for those that failed to receive a passing grade.

[Empty rectangular box for member information]

In Service-CJ1-5/10/2005 - Patrol #19

FullName	ICS	IS7	LGL	SLA
	-IN	001	U	TTI
Chase, Mark	96	100	100	100



Sincerely,

Sheila Foley

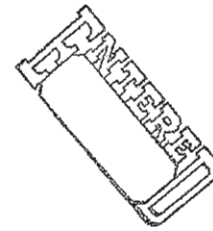
Translation for Codes

ICS-IN-- ICS100- INSERVICE ODP INCIDENT COMMAND TRAINING IS700I-- NIMS- IN SERVICE- NATIONAL INCIDENT MGMT SYSTEM LGLU-- Legal Update SLATTI-- SLATT INSERVICE STATE & LOCAL TERRORISM TRAINING

Emergency Management Institute



FEMA



This Certificate of Achievement is to acknowledge that

MARK CHASE

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

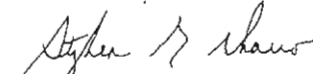
IS-700

National Incident Management System

(NIMS) an Introduction

Issued this 13th Day of May, 2005

0.3 CEU


Stephen G. Sharro
Director, Training Division

DETACH THIS STUB



The Municipal Police Training Committee

This is to certify that

Mark Chase

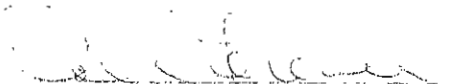
has successfully completed the

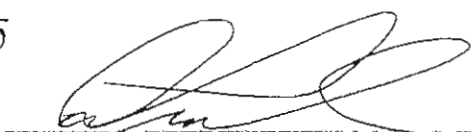
Sexual Assault Investigation School

held at the

Western Mass Regional Training Center

From: June 6, 2005 To: June 10, 2005


ACADEMY DIRECTOR


EXECUTIVE DIRECTOR



Commonwealth of Massachusetts
Municipal Police Training Committee

"Training for Today, Planning for the Future"

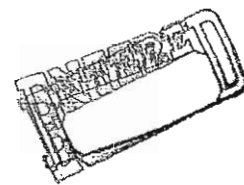
Glenn F. McKiel
Warren Police Department
P.O. Box 606 Town Hall Plaza
Warren MA 01083

Dear Chief/Training Officer:

This is to inform you of the marks of the following member(s) of your department who attended (in-service/specialized) training held at the MCJTC. Please schedule a make-up exam as soon as possible for those that failed to receive a passing grade.

Specialized-CJ1-6/6/2005 - Sexual Assault Investigator

FullName	SAI
Chase, Mark	90
Gendron, Michael A	100



Sincerely,

Sheila Foley

Translation for Codes

SAIV- Sexual Assault Investigation



*Massachusetts State Police
Crime Laboratory*

Certificate of Completion

*This certifies that Mark J. Chase successfully completed
the Buccal DNA Collection Training with the
Massachusetts State Police Crime Laboratory on
6/8/2005.*

entered

Gwen B. Pino

Gwen B. Pino, Training Coordinator
Massachusetts State Police Crime Laboratory

Lynn Schneeweis

Lynn Schneeweis, Trainer
Massachusetts State Police Crime Laboratory



TOWN OF WARREN FIRE DEPARTMENT

JAMES W. DOLAN, *Chief*
Tel: (413) 436-5444
Fax: (413) 436-0244

August 12, 2005

Roger LaFleur, M. D.
EMS / First Responder Medical Director
Mary Lane Hospital
South Street
Ware, MA 01082

Dear Doctor LaFleur,

This letter is to advise you that the following Warren Police Department personnel have been certified in Professional Rescuer CPR with Defibrillator as per the requirements of the State of Massachusetts and the American Heart Association. They have also been trained in Pediatric CPR and the use of the Pediatric Pads and Defibrillator Protocols.

Chief Glen McKiel
Sergeant Jeffrey Bednarz
Patrolman Michael Gendron
Patrolman Mark Chase
Patrolman David Mellen
Patrolman Thomas Gajewski
Patrolman Stephen Granlund
Patrolman Travis Odiorne
Patrolman Keith Nicholas
Patrolman C Scott Romani

The certifications for the above will expire on August 1, 2006.

Sincerely,

Nancy I Reusch EMT-P
Captain



A Division of the Specialty Vehicle Institute of America

Mark J Chase

has completed the
ATV RiderCourse

September 13, 2005

conducted by

EPO David Loos11391

INSTRUCTOR

LICENSE #

The ATV RiderCourse is only a brief introduction to ATV riding. You should practice ALL exercises to improve your skills. Exercises that need even more practice are checked on the reverse side.

interested



A Division of the Specialty Vehicle Institute of America

Jeffery Y Bednarz

has completed the
ATV RiderCourse

September 13, 2005

conducted by

EPO David Loos11391

INSTRUCTOR

LICENSE #

The ATV RiderCourse is only a brief introduction to ATV riding. You should practice ALL exercises to improve your skills. Exercises that need even more practice are checked on the reverse side.

Interested



Massachusetts Municipal Police Training Committee

This is to certify that

Mark Chase

Has completed a course in

2-Day Computer Crime Investigation

Held At: Boylston Police Academy

From: January 16, 2006

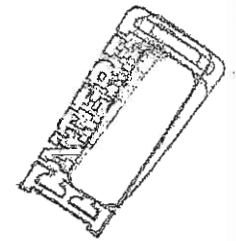
To: January 17, 2006

Dennis Pinkham
Executive Director

e. l. t.



Massachusetts Municipal Police Training Committee



This is to certify that

Mark Chase

Has completed a course in

80-Hour Street Level Narcotics Investigation

Held At: Boylston Regional Police Academy

From: March 29, 2006

To: April 11, 2006

Dennis Pinkham
Executive Director



America's Missing: Broadcast Emergency Response



Criminal Justice Division
Child Protection Training Center

CERTIFICATE OF TRAINING

This is to certify that

Mark Chase

has completed 16 hours of training in

Leadership for Missing and Abducted Children

Seattle, WA

December 12-13, 2006

*Associate Administrator, Child Protection Division
Office of Juvenile Justice and Delinquency Prevention*

*AMBER Alert Program Manager
Fox Valley Technical College*


*Executive Director of Government Relations
Fox Valley Technical College*

Mark's file

Warren Police Department
 P.O. Box 606 Town Hall Plaza
 Warren, MA 01083

Student Name, ID	Dec	Mon 18	Tue 19	Wed 20	Thu 21	Fri 22	Sat 23	Sun 24
Chase, Mark 27389	AM	Course	Legal Update/Motor Vehicle Update	Gangs (In-Service)	Legal Update/Motor Vehicle Update	Medical - First Responder (Reserve)		
		Attend	Present	Present	Present	Present		
		Grade	N.E	N.E	N.E	96		
	PM	Course		Drug Update		Medical - CPR Recertification (In-Service)		
		Attend		Present		Present		
		Grade		N.E		100		
	EV	Course						
		Attend						
		Grade						

Entered for both insurance + CPR ref at



Certificate of Achievement ^{Chase}

The Massachusetts *Advanced*

Detective Clinic for 2007

February 7, 8, 14, & 15 at Taunton Massachusetts

This certifies that

Detective Mark Chase

Interced

*has completed advanced training for the position
of Massachusetts Police Detective & Criminal Investigator for 2007.*

Attorney Patrick M. Rogers
Commonwealth Police Service, Inc.



Massachusetts Municipal Police Training Committee

This is to certify that

Mark Chase

Has completed a course in

Fraudulent Documents and False Identification

Held at the:

Boylston Regional Police Academy

On April 23, 2007

Dennis Pinkham



Massachusetts Municipal Police Training Committee

This is to certify that

Mark Chase

Has completed a course in

MA Liquor Control Act Training for Law Enforcement

Held at the:

Boylston Regional Police Academy

On April 23, 2007

Dennis Pinkham



America's Missing. Broadcast Emergency Response



Criminal Justice Division
Child Protection Training Center

CERTIFICATE OF TRAINING

This is to certify that

Mark Chase

has completed 36 hours of training in

Investigative Strategies for Missing and Abducted Children

Newport, Rhode Island

April 23-27, 2007

*Associate Administrator, Child Protection Division
Office of Juvenile Justice and Delinquency Prevention*

*AMBER Alert Program Manager
Fox Valley Technical College*

*Executive Director of Government Relations
Fox Valley Technical College*

CERTIFICATE of ATTENDANCE



MARTHA COAKLEY
ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200
www.mass.gov/ago

This certifies that

Mark Chase

attended Identity Theft and Online Fraud Training,
presented by the Office of the Attorney General
on Tuesday, February 26, 2008
in Worcester, Massachusetts

A handwritten signature in cursive script that reads "Martha Coakley".

Martha Coakley
Attorney General

Commonwealth of Massachusetts
Department of State Police
State Police Academy

Professional Development Program

*Fraudulent Documents & Mass.
Liquor Laws*

Mark A. Chase



~~Has completed 8 hours of training~~
September 17, 2008

Ch Willet

Instructor

Sean M. Bute

Commandant



Municipal Police Training Committee



Certificate of Completion

Chase, Mark

has completed the Online Training portion of
First Responder 2009-2010

Thursday, June 24, 2010

Daniel Zivkovich
Executive Director



Municipal Police Training Committee



Certificate of Completion

Chase, Mark

has completed the Online Training portion of
MPTC Defensive Tactics 2009-2010

Thursday, June 24, 2010

Daniel Zivkovich
Executive Director



Print

Subject: MPTC Boylston In-Service - Distance Learning Session # 6: 6/25/10
 From: Reich, LisaAnn (CJT) <Lisaann.Reich@state.ma.us>
 Sent: Friday, June 25, 2010 8:32:20 PM
 To: sgflaflower@verizon.net

CJT Reports - Agency: BZ-DH - Report

Save As/Export...

Chief Bruce D. Spiewakowski
 Warren Police Department
 P.O. Box 806 Town Hall Plaza
 Warren MA 01083

Dear Chief/Training Officer:

This is to inform you of the marks of the following member(s) of your department who attended (in-service/specialized) training held at the MPTC. Please schedule a make-up exam as soon as possible for those that failed to receive a passing grade.

In Service-CJ10-6/25/2010 - Distance Learning Blended In-Service Session # 6

FullName	CL	DLD	DLE
Chase, Mark	100	90	P

Page: 1

Lisa Ann Reich
 Academy Director
 Boylston Regional Police Academy
 Municipal Police Training Committee
 221 Main Street
 Boylston, MA 01505
 Telephone (781) 437-0322
 Fax (508) 869-3187

Warning: the Secretary of State advises that this e-mail may be a public document



TASER

TRAINING ACADEMY

TASER Conducted Electrical Weapon TASER Certified End User Certificate

Ofc. Mark Chase

This certifies that the above named individual ("the Student") has completed the training required and has passed a written examination in the use of the TASER X-2 Conducted Electrical Weapon. By accepting this User Certificate, the Student accepts the terms of the TASER Training Materials License Agreement, incorporated herein by reference, and agrees to be bound by its terms as a Licensee of TASER International, Inc. This certification must be renewed annually.

Instructor: Sgt. Ryan P. Daley

Date: September 7th 2013

Warren Police Department
Course Completion Status Report
From: 01/01/2001 Thru: 07/15/2015

Page: 1
07/15/2015

<u>ID</u>	<u>Name</u>	<u>Date</u>	<u>Cat.</u>	<u>Title</u>	<u>Present</u>	<u>Cert.</u>	<u>#Credits</u>	<u>Act.Hours</u>	<u>Renewal</u>	<u>State#</u>
268	Chase, Mark	03/14/2005	02	SEARCH WARRANTS						
		04/15/2005	02	Drug Impaired Driving						
		05/10/2005	01	FULL TIME IN SERVICE TRAINING	Y	Y		40.00		
		05/13/2005	02	FEMA	Y	Y	8.	8.00		
		06/06/2005	02	SEXUAL ASSAULT INVESTIGATOR	Y	Y		40.00		
		06/08/2005	02	BUCCAL DNA COLLECTIONS TRAI	Y	Y	8	8.00		
		09/13/2005	02	ATV SAFETY CLASS	Y	N	8	8.00		
		01/16/2006	02	BASIC COMPUTER CRIMES	Y	Y	16	16.00		
		02/28/2006	02	IDENTITY THEFT/FRAUD						
		03/29/2006	02	80 HOUR STREET LEVEL NARCO	Y	Y	80	80.00		
		10/21/2006	03	FIREARMS QUALIFICATIONS	Y	Y			10/21/2007	
		12/21/2006	04	CPR AND 1ST RESP. EAD	Y	N				
	I THINK IT'S GOOD FOR 2 YEARS???									
		12/21/2006	01	IN SERVICE TRAINING	Y	N				
		02/07/2007	02	DETECTIVE CLINIC	Y	Y				
		04/23/2007	02	FALSE IDENTIFICATION						
		04/23/2007	02	INVEST STRATS MISS& ABDUCTE	Y	Y	40			
		01/28/2008	01	IN SERVICE TRAINING						
		02/06/2008	02	4 Day Detective Seminar 2008						
		07/09/2008	03	FIREARMS QUALIFICATIONS						
		07/11/2008	03	FIREARMS QUALIFICATIONS						
		06/24/2010	05	FIRST RESPONDER	Y	Y				
		06/24/2010	02	MPTC DEFENSIVE TACTICS 09-10	N	Y				
		06/25/2010	01	IN SERVICE TRAINING	Y	Y				CJ-10
	CJ-10 Distance Learning Blended In-Service Tr Session #6 CL-100 DLDT-90 DLFYR- P									
		09/05/2013	02	SPECIALIZED TRAINING-Taser	Y	Y				

Total Individual Course Completion Records:	24
Total Present:	15
Total Absentees:	1
Total Credit Hours Awarded:	160.00
Total Course Hours Awarded:	200.00
Total Certifications Awarded:	13
Total Renewal Dates Given:	1