



Steven Grossman Treasurer  
and Receiver General  
Chairman

*The Commonwealth of Massachusetts*  
*Department of the State Treasurer*  
*State Board of Retirement*  
*Boston, Massachusetts*

Nicola Favorito, Esq.  
Executive Director

June 20, 2014

RE: 2014 State Retirement System Benefit Verification Form ("BVF")

Dear Benefit Recipient:

This letter serves as your confirmation that your initial Benefit Verification Form ("BVF") has:

- **not** yet been received, **or**
- has been received and reviewed.

In either case, **further action is required by you.** Enclosed is a second Benefit Verification Form for you to complete and return to our office by the date on the front of the BVF.

Please keep in mind the following when filling out your form:

1. Section 2 **MUST** be completed (signature required) by the member or the authorized agent (power of attorney (POA), guardian or conservator) acting on behalf of the member.
2. If the BVF is completed by an authorized agent, a full copy of the authorization document must be already on file with the Board or attached to the 2014 BVF. Section 4 (on back) should also be completed.
3. The notary must stamp, or affix their seal, within Section 3 and it must be completely legible (i.e. stamp or seal must not be imprinted over other form text.) Please ensure the expiration date is viewable.
4. Per Board policy, the BVF may not be notarized by a family member. If your BVF was notarized by a notary with the same last name as you, the BVF was not approved. If it is the case the notary happens to have the same last name but is not related, please contact the Board.

If you have any questions, please do not hesitate to contact our office at (617) 367-7770.

We thank you in advance for your cooperation.

Massachusetts State Retirement Board