

REFERRAL REPORT OF POTENTIAL FRAUD

Subject of Referral

NAME (LAST, FIRST, MIDDLE INITIAL)

S.S.# (IF AVAILABLE)

STREET ADDRESS

PHONE # (IF AVAILABLE)

CITY/TOWN

STATE ZIP

RETIREMENT BOARD OF RETIREE

Allegation

Please give a brief description of the allegation.

Optional

If we need more information, may we contact you?

NAME (LAST, FIRST, MIDDLE INITIAL)

PHONE #

STREET ADDRESS

CITY/TOWN

STATE ZIP

If you prefer to make a report by telephone, please call the PERAC Pension Fraud Hotline at 1-800-445-3266.

For PERAC Use Only

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DATE



Commonwealth of Massachusetts | Public Employee Retirement Administration Commission

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