

**DIOCESE OF SPRINGFIELD LAY EMPLOYEES
PENSION PLAN**

APPLICATION FOR PENSION
(Please allow 4 to 6 weeks for processing)

Employee

Spouse

Name	<hr/>	<hr/>
Social Security No.	<hr/>	<hr/> (required for spouse)
Date of Birth	<hr/>	<hr/> (required for spouse)
Date of Employment	<hr/>	Deceased : Yes ____ No ____
U.S. Citizen	Yes <hr/> No <hr/>	Yes <hr/> No <hr/>
Email Address	<hr/>	
Mailing Address	<hr/> <hr/> <hr/>	
Phone Number	(____) - <hr/>	
Add'l Phone Number	(____) - <hr/>	
Name of Employer	<hr/>	

() I am retiring on (date) _____

() I am age 65 or older and have at least 10 years of service.

I wish to have my pension start on:

The first day of (month, year) _____

Applicant Signature

**NOTE: Spouse social security number and date of birth are required before we can process.
Failure to provide this information will delay benefits.**