## DIOCESE OF SPRINGFIELD LAY EMPLOYEES PENSION PLAN

## APPLICATION FOR PENSION

(Please allow 4 to 6 weeks for processing)

<u>EMPLOYEE</u>				
Name				
Social Security No.	Date of Birth			
Mailing Address				
Email Address				
Phone Number	() -			
Marital Status	Single	Married	Widowed	Divorced
BENEFICIARY: The spouse to	o whom you are legall	y married to at the t	ime of application	
Name				
Social Security No.		Date	of Birth	(required for spouse)
Emergency Contact Person: (other than spou		relationship:		
Emergency Contact Number:	<u></u>			
Employment with Parish/Institu	ution:			
Dates of Emp	loyment			
I am retiring o	on (date)			
I wish to have	my pension start on:			
	The first day of (mont	h, year)		

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