

DIOCESE OF SPRINGFIELD LAY EMPLOYEES PENSION PLAN

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

EMPLOYEE

Name _____

Social Security No. _____ Date of Birth _____

Mailing Address _____

Phone Number (____) - _____

Marital Status ____ Single ____ Married ____ Widowed ____ Divorced

BENEFICIARY: The spouse to whom you are legally married to at the time of application

Name _____

Social Security No. _____ Date of Birth _____
(required for spouse)

Emergency Contact Person: _____ relationship: _____
(other than spouse)

Emergency Contact Number: (____) - _____

Employment with Parish/Institution: _____

Dates of Employment _____

I am retiring on (date) _____

I wish to have my pension start on:

The first day of (month, year) _____

(Date)

(Signature of Employee)

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