

EMPLOYER REPORTING OF TERMINATION – PENSION PLAN

Employer Name _____

Employee Name _____

Employee Address _____

Street

City

State

Zip

DOH ____/____/____

DOB ____/____/____

Marital Status M____ S____

SS# _____

Phone Number (____) _____

Email Address _____

Number of hours employee has worked since the beginning of the plan year: _____

Are there additional deposits or contributions pending? Yes ____ No ____

Check Date of Last Contribution to be processed: _____

Is employee entitled to vacation pay? Yes ____ No ____ If yes, date vacation ends _____

Will employee receive severance pay?¹ Yes ____ No ____ If yes, date begins and ends _____ to _____

Is there any year in which the employee did **not** work the required number of hours to receive credit for a year of service? Yes ____ No ____ If yes, please provide information below.

Reason for benefit election:

____ Retirement as of ____/____/____

____ Termination as of ____/____/____

____ Disability as of ____/____/____

____ Death as of ____/____/____

____ Other (specify) _____

Notes _____

Authorized Signature _____

Date ____/____/____

¹ Salary deferrals are not deducted from severance pay. In addition, severance pay compensation is not included for plan testing purposes.