The Diocese of Rockville Centre
Office of Human Resources

PENSION ESTIMATE/FINAL REQUEST FORM

EMPLOYER INFORMATION

Employer Name _____ Employer City/Town _____ Org # (If Known) _____

EMPLOYEE INFORMATION

Last Name _____ First Name _____ M.I. _____

SSN _____ Date of Birth _____

Home Address – Line 1 _____ Home Address – Line 2 _____

City _____ State _____ ZIP _____ Home Telephone _____

Marital Status (Single/Married) _____ Spouse/Beneficiary Name _____ Spouse/Beneficiary Date of Birth _____

ESTIMATE BASES

Estimated/Actual Termination Date: _____

Estimated Retirement Date: _____

ADDITIONAL INFORMATION (If Any)

SUBMISSION

Employee's Signature _____ Date _____

FOR OHR CONTROL USE ONLY

Date Received _____ Calculation Requested By / Date _____ Package Completed/Released By / Date _____

*If you do not wish to have a beneficiary named, you will not receive any information for the Joint and Survivor options.