

**DIOCESE OF ST. PETERSBURG PENSION PLAN**  
**APPLICATION FOR RETIREMENT, VESTED TERMINATION, OR DISABILITY BENEFITS**  
**LAY EMPLOYEES - PAGE TWO**

**THIS PAGE TO BE COMPLETED BY YOUR CURRENT DIOCESAN EMPLOYER**

Employee's Legal Last Name, First Name and Middle Initial	Social Security No. LAST 4 ONLY XXX-XX- _____
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Diocese Exact Employer Entity Name (Please list the name of the church, school, etc.)

**Service Record:** Please list all periods of service at this location; if more space is needed, continue on back.

Location	Employment Start Date Month/Day/Year	Employment End Date Month/Day/Year

**EARNINGS FOR YEAR OF TERMINATION:**

1) Total compensation from **January 1** to date of termination, including any amount contributed by the Diocese pursuant to a salary reduction agreement and which is not includible in the gross income of the participant under a SEP (Section 402(h)(2), a cafeteria plan (Section 125), a 401(k) plan (Section 402(a)(8), a tax sheltered annuity (Section 403(b)), or a 457(b) non-qualified tax-deferred compensation plan: \_\_\_\_\_

2) Severance pay included above, if applicable: \_\_\_\_\_

**HOURS FOR YEAR OF TERMINATION STARTING JULY 1:**

1) Total Hours worked from the July 1 prior to termination to the date of termination (not including hours listed below): \_\_\_\_\_

2) Accrued vacation and/or sick pay hours paid out upon termination: \_\_\_\_\_

3) Severance or bonus pay total hours: \_\_\_\_\_

4) Total of #1, #2, and #3 above: \_\_\_\_\_

**School Employees**

Is person employed at a school: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: \_\_\_\_\_

Is person PAID on 10 or 12 month basis? \_\_\_\_\_

Indicate person's contract dates: \_\_\_\_\_

In the year of termination, was this person paid through the last day of the contract? \_\_\_\_\_

If no, indicate last day paid through: \_\_\_\_\_

**Employer Certification:**

THIS FORM MUST BE SIGNED BY PASTOR, PRINCIPAL OR ENTITY ADMINISTRATOR

I hereby certify the above information to be correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address of person who completed this form: \_\_\_\_\_

**Return To:** **Gabriel, Roeder, Smith & Company**  
**Attn: Diocese of St. Petersburg Pension Plan**  
**One East Broward Blvd., Suite 505**  
**Fort Lauderdale, FL 33301**  
**(954) 527-1616 Fax: (954) 525-0083**