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- _____
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**	**Last Day Employee Appeared at Work Month/Day/Year**

EARNINGS FOR YEAR OF TERMINATION:

1) Total gross earnings (before any deductions) from **January 1 through the last check paid.** _____

2) Severence pay included above, if applicable: _____

HOURS/ EARNINGS FOR YEAR OF TERMINATION STARTING JULY 1:

1) Total Hours worked from July 1 to the date of termination **(not including hours listed below):** _____

2) Accrued vacation, sick pay, and holiday hours paid out upon termination: _____

4) Date of Last Paycheck: _____

5) Is this person paid on a 10 or 12 month basis? _____10 month _____ 12 month

Indicate contract dates: _____

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

If no, indicate the 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

Rev. Oct., 2019