



# Rocky Hill Public Schools

Human Resource Department  
761 Old Main Street, Room 231  
Rocky Hill, CT 06067

Phone: (860) 258-2701 Facsimile: (860) 258-7701

## Application for Retirement Benefits

Today's Date: \_\_\_\_\_

Effective Date of Retirement: \_\_\_\_\_

**\*Your effective date should be at least ninety (90) days from the date of submitting this form.**

### Employee Information:

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### I designate the following individual(s) as Beneficiaries of my pension:

**Beneficiary #1 Primary (spouse if married)** Relationship to employee: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Beneficiary #2 Contingent Percentage:** \_\_\_\_\_ Relationship to employee: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Beneficiary #3 Contingent Percentage:** \_\_\_\_\_ Relationship to employee: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Assistant Superintendent:  
Charles Zettergren

BOE Human Resources  
Signature: \_\_\_\_\_

Town Payroll/Benefits  
Signature \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_