

CITY OF MERIDEN
APPLICATION FOR RETIREMENT BENEFITS
FOR POLICE AND FIRE EMPLOYEES HIRED BEFORE MARCH 18, 2003

The Completed Application Form Must Be Sent To The Personnel Office At Least 30 Days Prior To The Month You Wish Retirement Benefits To Start.

Name:

DOB:

Address:

City:

State:

Zip:

SSN:

City Dept.:

Position:

Employment Date:

Age at retirement:

Last day actually worked
If not actively at work type of hours used (Sick,
Vacation, Holiday, etc.)

Date of retirement:

Length of Service:

TYPE OF RETIREMENT APPLYING FOR:

Normal ☐

Disability ☐

RETIREE HEALTH INSURANCE

Do you wish to elect Health Insurance?

☐ Yes

☐ No

NOTE: If you do not elect health insurance you may only elect it on July 1st during open enrollment or due to a documented IRS qualifying event.

I elect insurance coverage for:

Name

DOB

☐ Self

☐ Self and Spouse

☐ Self and Family

DESIGNATION OF BENEFICIARY OR JOINT ANNUITANT (This section must be completed)

I hereby designate: _____

(Relationship) _____

Who resides at: _____

As my beneficiary to receive any death benefits that may be payable upon my death from the City of Meriden's Police/Fire Pension Plan revoking any prior designations which I may have made.

I hereby apply for retirement benefits from the City of Meriden's Police/Fire Pension Plan. I certify that the information contained in this application and any supporting documents is, to the best of my knowledge and belief, true, correct and complete. I understand that the submission of false or misleading information may constitute grounds for the denial or suspension of retirement payments under the Police/Fire Pension Plan.

Employee's Signature: _____

Date: _____

SPOUSE'S STATEMENT

Are you married? ☐ Yes ☐ No

(If you answered yes to above your spouse's must complete the statement below)

I, _____, am the legal spouse of
the employee named above.

Spouse's Signature _____

Date: _____