



City of Waterbury

Pension and Benefits Office
236 Grand Street
Room 222
Waterbury, CT 06702
Phone 203-574-6844 Fax 203-346-2685



Service-Based / Vested Pension Application

Applicant Information

Full Name: _____ **Former Name:** _____
Last First M.I. if applicable

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ **Cell Phone:** () _____ **Social Sec. #** - -

Marital Status: _____ **Union:** _____

Date of Birth: _____ **Date of Hire:** _____ **Termination Date:** _____

Have you bought military service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many months? _____
Have you purchased any yrs of service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many years? _____
Have you had prior yrs. of credited service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many years? _____

OFFICE USE ONLY	
VERIFIED BY	
_____	_____
_____	_____
_____	_____

Reason For Pension Entitlement (Please Check One):

____ I am applying for a **Service Pension** under the City's Pension and Retirement System Ordinance, as modified by the appropriate collective bargaining agreement (the "Retirement System").

____ I have terminated my employment with the City of Waterbury and, at the time of my termination of employment, I had a **Vested Right** to receive a reduced pension from the Retirement System.

Disclaimer and Signature

All Retirement Calculations are subject to the verification of the Pension and Benefits Office

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Department Head
Signature and Title: _____

Please Print Name: _____

Office Use Only

Employee # _____ Next Board Meeting: _____ Proposed Benefit Date: _____

Received by: _____ Calculation done by: _____