

**INSTRUCTIONS:**

- Complete only those items designated with a (\*).
- Mail or fax this form to the Shared Work Unit at the Connecticut Department of Labor

<b>RETIREMENT INCOME INFORMATION</b>		<b>*Social Security Number</b>	
<b>*Name</b>	<b>*Date of Birth</b>	Job Center Number	
<b>*Telephone Number</b>	NC Date	AC/REOP Date	
		Date Taken	

PENSION

MONTHLY DEDUCTION

<b>*Pension Type</b>	
<b>*Gross Monthly Amount</b>	\$
<b>*Date 1<sup>st</sup> Payment Rec'd</b>	
<b>*Employer Financed</b>	
<b>*Lump Sum Amount</b>	\$
<b>*Date Received</b>	
<b>*Employer Financed</b>	
<b>*Rolled Over</b>	

<b>Effective Date</b>	
<b>Amount</b>	\$

<b>Effective Date</b>	
<b>Amount</b>	\$

PENSIONING EMPLOYER / UNION

<b>*Name</b>		
<b>*C/O</b>		
<b>*Address</b>		
<b>*Dates Worked</b>	From	To

<b>Total Monthly Deduction</b>	\$
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<b>Total Wkly. Ded.</b>	\$
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Code	Effective Date	Amt. of Weekly Deduction	Claims Exam. Signature	
Tentative	Redet	Remarks		Date Compiled