

PENSION AND RETIREMENT BOARD  
CITY OF MILFORD, CONNECTICUT

**Employee Request for Retirement**

I HEREBY REQUEST A: ☐ Regular Retirement ☐ Early Retirement (50+) ☐ Vested Retirement (60)

☐ Non-Service-Connected Disability Retirement

Nature of Disability: \_\_\_\_\_ ☐ Medical note attached

☐ Service-Connected Disability Retirement

Nature of Disability: \_\_\_\_\_ ☐ Medical note attached

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Proof of Age Attached: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Adjusted Pension Date (if any): \_\_\_\_\_

Department: \_\_\_\_\_ Present Title: \_\_\_\_\_

\*Retirement Date: \_\_\_\_\_ Last day worked: \_\_\_\_\_

*\*The day after your last day worked. Disability retirement will be determined by the Pension and Retirement Board.*

\_\_\_\_\_  
Name of Beneficiary Relationship

\_\_\_\_\_  
Beneficiary Date of Birth Beneficiary Social Security Number

Contingent Annuitant Option ☐ Yes ☐ No

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature in Ink

I acknowledge receipt of request for this retirement: \_\_\_\_\_  
Department Head Date