

**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**

Health Insurance Option at Aged 65: ☐ **High** ☐ **Low** *(There may be a cost involved for the high option depending on your contract)*

Applicant: _____ **Date:** _____

Signature in Ink

I acknowledge receipt of request for this retirement:

Department Head

Date