PENSION AND RETIREMENT BOARD CITY OF MILFORD, CONNECTICUT

Employee Request for Retirement

I HEREBY REQUEST A:	☐ Regular Retiremen	nt			
Ī	☐ Non-Service Connected Disability Retirement				
	Nature of Disability:			_■ <i>Medical note attached</i>	
	□ Service Connected	· ·			
	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: *The day after your last day wor	ked. Disability retireme	Last day wo	orked: I by the Pension and R	etirement Board.	
Name of Beneficiary:		Relationsh	ip:		
Beneficiary Date of Birth	Beneficiary Social Security Number				
Health Insurance Option at A	Aged 65:	□ Decline (Coverage		
Applicant: Signature in Ink			Date:		
I acknowledge receipt of req			nent Head	Date	