



TOWN OF ROCKY HILL
761 Old Main Street, Rocky Hill, CT 06067

www.rockyhillct.gov

RETIREMENT APPLICATION

(Rev. 11/9/21) CC: File

Today's Date: _____ Effective Date of Retirement: _____

***Your effective date should be the 1st of the month and 90 days from the date of submitting this form.**

EMPLOYEE INFORMATION

Check One: TOWN BOE

Job Title Department Bargaining Unit (if applicable)

Last Name First Name MI Suffix

Mailing Address City State Zip Code

Phone Number Email Address

Social Security Number Date of Birth

I designate the following individual as the **CONTINGENT ANNUITANT** of my pension:

***For Fire and Ambulance Pension Plans, the Contingent Annuitant must be your spouse.**

CONTINGENT ANNUITANT

Last Name First Name MI Suffix

Mailing Address City State Zip Code

Phone Number Email Address

Social Security Number Date of Birth Relationship to Employee

Employee Signature	Department Head Signature	Human Resources Signature	Town Manager Signature	Director of Finance Signature
Date	Date	Date	Date	Date

Received by Payroll on _____ by _____.