

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

www.rockyhillct.gov RETIREMENT APPLICATION

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

EMPLOYEE INFORM	MATION		Check One:	TOWN BOI
Job Title	Title Department		Bargaining Unit (if applicable)	
Last Name	First N	ame	MI	Suffix
Mailing Address		City	State	Zip Code
Phone Number	Email A	Address		
Social Security Number	Date of	f Birth		
I designate the following *For Fire and Ambulanc CONTINGENT ANNU	ce Pension Plans, the		• •	
*For Fire and Ambulanc	ce Pension Plans, the	Contingent Annuitant	• •	
*For Fire and Ambulanc	UITANT	Contingent Annuitant	must be your spouse	e.
*For Fire and Ambulanc CONTINGENT ANNU Last Name	Per Pension Plans, the GUITANT First N	Contingent Annuitant ame	must be your spouse MI	Suffix
*For Fire and Ambulanc CONTINGENT ANNU Last Name Mailing Address	Ee Pension Plans, the GUITANT First N Email	Contingent Annuitant Tame City Address	MI State	Suffix
*For Fire and Ambulance CONTINGENT ANNU Last Name Mailing Address Phone Number	Ee Pension Plans, the GUITANT First N Email	Contingent Annuitant Tame City Address	MI State	Suffix Zip Code ip to Employee