

**ARCHDIOCESE OF GALVESTON-HOUSTON PENSION PLAN
LAY EMPLOYEE'S APPLICATION FOR PENSION**

Please TYPE or PRINT

Full Name: _____

Social Security Number: _____

Address: _____

Date of Birth: _____

City/State/Zip: _____

Day Time Phone Number: (____) _____
Area Code

Most Recent Archdiocesan Employer's (Location) Name:	Exact Date of Hire:	Exact Date of Termination:
Past Archdiocesan Employer's (Location) Name:	Exact Date of Hire:	Exact Date of Termination:

In accordance with the provisions of the Archdiocese of Galveston-Houston Pension Plan, I am applying for my Pension benefit.

SOCIAL SECURITY EARNING HISTORY

I. Attach a copy of your Social Security Administration Request for Earnings and/Benefit Estimate Statement, obtained from:

1. The Social Security History you received in the mail from the Social Security Office, or
2. Go to the Social Security Office and request one in person, or
3. Call 1-800-772-1213 and request your free Social Security Earnings History (a SEQY report).

PROOF OF AGE

II. Furnish a copy of one of the documents listed below as proof of age.

- | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------|
| _____ Birth Certificate (certified copy of public record of birth) | _____ Census record |
| _____ Baptismal Certificate or other certified statement from Church | _____ Marriage record (with date of birth) |
| _____ School record | _____ Military record |
| _____ Bible or other family record | _____ Passport |
| _____ Earliest life insurance policy | |

III. Did you have pre-tax dependent medical, dental, vision, and/or 403(b) contributions? Yes No

I submit the following information necessary to obtain my Pension. To the best of my knowledge and belief, I certify this to be true and correct.

IF ALL AREAS ARE NOT COMPLETED, IT WILL BE RETURNED TO YOU, WHICH WILL DELAY PROCESSING.

My Own Signature: _____ Date: ____/____/____

Signature of Witness: _____ Date: ____/____/____

PLEASE MAKE SURE YOU RETURN:

1. Application for Pension
2. Social Security Earnings History
3. Proof of Age

**TO: ARCHDIOCESE OF GALVESTON-HOUSTON
PENSION
P. O. BOX 907
HOUSTON, TX 77001-0907**