

BRIDGING OF SERVICE FORM Archdiocese of Galveston-Houston

Employees, who are eligible to bridge prior years of service, must meet the following requirements:

- Worked at any Archdiocese of Galveston-Houston facility(s) that participated in the Archdiocesan Pension Plan, and
- Worked no less than 20 hours a week for 5 consecutive months, and
- Had a break in past years of service, and
- Returned on or after July 1, 1989 to a Diocesan facility that participated in the Archdiocese of Galveston-Houston Pension Plan

BRIDGING OF SERVICE

NAME: _____ DATE OF BIRTH: ____/____/____
(full given name) (month) (day) (year)

MAIDEN NAME _____ SOCIAL SECURITY #: _____ - _____ - _____

PRESENT LOCATION: _____
(name of parish/school) (city)

EXACT START DATE:* ____/____/____ (*worked 20 hours or more per week)
(month) (day) (year)

PREVIOUS LOCATIONS	START DATE*	DATE OF TERMINATION
_____	____/____/____	TO ____/____/____
_____	____/____/____	TO ____/____/____
_____	____/____/____	TO ____/____/____
_____	____/____/____	TO ____/____/____

YOU WILL NEED TO FURNISH ONE OF THE FOLLOWING ITEMS:

- **AN OFFICIAL LETTER ON THE FACILITY'S STATIONARY, REFLECTING YOUR NAME, SOCIAL SECURITY NUMBER, EXACT DATE OF HIRE AND EXACT DATE OF TERMINATION**
- **AN EMPLOYEE CONTRACT FOR EACH YEAR AND LOCATION(IF APPLICABLE), OR**
- **W-2 TAX FORMS FOR EACH YEAR FROM EACH LOCATION LISTED ABOVE.**

RETURN FORM TO: **BENEFITS DEPARTMENT
 PO BOX 907
 HOUSTON, TX 77001-0907**

**lalbert@archgh.org
 713-654-5772**