



Diocese of Palm Beach

Defined Benefit Pension Plan Application Instructions

Employee:

- Complete the Lay Employees Application for Retirement Benefits in its entirety
- When submitting the application the employee must include evidence as to proof of date of birth: A photocopy of one of the following documents is required for the employee and their named beneficiary: birth certificate, baptismal certificate, passport or driver's license.

Employer:

- If the employee did not review and sign the July 2012 pension data verification form and return to the Diocese of Palm Beach Human Resources office the following must be completed by the employer:
 - Page two of the Application for Retirement Benefits for Lay Employees
 - Please list salary from July 1, 2012 and prior. Earnings should be listed from January 1st – December 31st
 - Earnings are to include all hours that the employee was entitled to and paid form including paid leave time per the Diocese of Palm Beach leave time policies
 - Include copies of W-2 for listed salary information
 - Authorized signatures for this application are **ONLY** the Pastor, Principal or Entity Administrator

Both sections of the application are to be submitted to:

Gabriel, Roeder, Smith and Company
Attn: Aga Krekora
One East Broward Blvd Suite 505
Fort Lauderdale, FL 33301
Phone: 954.527.1616 | Fax: 954.525.0083



Diocese of Palm Beach Pension Plan

Page 1: Lay Employees Application for Retirement Benefits

This page is to be completed by the Applicant

Print or Type:

Employees Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Date of Birth *: _____ Sex: _____ Social Security Number: _____ - _____ - _____
Phone Number: (____) _____ - _____ Email Address: _____

Benefit Requested (Select One): _____ Normal Retirement _____ Early Retirement _____ Vested Term (not age 65, but vested) _____ 70 ½

*Evidence as to proof of date of birth is required for the applicant and named beneficiaries. A photocopy of one of the following is required to substantiate dates of birth for the applicant and name beneficiaries: birth certificate, baptismal certificate, passport or driver's license. All foreign documents must be translated into English.

Service Record: Please list EXACT dates of employment at all locations worked at within the Diocese of Palm Beach and the period of service for each. Please use reverse side if additional space is needed.

<u>Exact Entity Name & City</u>	<u>From (month/day/year)</u>	<u>To (month/day/year)</u>
_____	_____	_____
_____	_____	_____

Beneficiary Designation: Please designate only a person or persons as your beneficiary. Estates or Trusts are not eligible to be named as beneficiary.

Primary Beneficiary:

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Date of Birth *: _____ Relationship: _____ Social Security Number: _____ - _____ - _____

Contingent Beneficiary:

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Date of Birth *: _____ Relationship: _____ Social Security Number: _____ - _____ - _____

*Evidence as to proof of date of birth is required for the applicant and named beneficiaries. A photocopy of one of the following is required to substantiate dates of birth for the applicant and name beneficiaries: birth certificate, baptismal certificate, passport or driver's license. All foreign documents must be translated into English.

Applicant Certification: I hereby certify the above information to be correct. If incorrect information is provided and the Plan Administrator becomes aware of the errors in the data that was used, I understand the Plan has the right to recover from me, amounts that were paid to me in error.

Employee Signature: _____ **Date:** _____

Your application will be processed and the results forwarded to you approximately 6 to 8 weeks after the date of receipt of complete and accurate information requested from the employee and employer.

Please return this application and required documentation to:

Gabriel, Roeder, Smith and Company

Attn: Aga Krekora

One East Broward Blvd Suite 505

Fort Lauderdale, FL 33301

Phone: 954.527.1616 | Fax: 954.525.0083

February 2021



Diocese of Palm Beach Pension Plan

Page 2: Lay Employees Application for Retirement Benefits

This page is to be completed by the Employer

Print or Type:

Employee's Legal Name: _____

Employer Name and City: _____ **Location Number:** _____

Service Record: Please list EXACT dates of employment for this location. If more space is needed please continue on the back page. If there was no break in service at this location, please list the original start date.

Exact Date of Hire:

Month: _____ Day: _____ Year: _____

Exact Date of Termination:

Month: _____ Day: _____ Year: _____

Last Employers Only: Total number of hours worked from July 1, _____ to Date of Termination _____

Pension Wages for this Employer: If the wages that your report below DO NOT match what you have reported on the annual pension data request from for this employee, please attach a letter stating that the wages on this Page 2 should be used in lieu of the wages previously reported.

<u>Calendar Yr.</u>	<u>Box 1 from Calendar Yr. W-2</u> +	<u>403(b) Contributions from box 12a, Code E, or From Attachment</u> +	<u>Cafeteria Plan Contributions from Box 14 or from Attachment</u> =	<u>Grand Total</u>
Below enter pension wages for calendar year of termination:				

School Employees Only:

Employee works how many months per year? _____ 10 months _____ 12 months
 Employee is paid during how many months during the year? _____ 10 months _____ 12 months
 Employee Contract Dates (or N/A if no contract): Start: _____ End: _____ N/A: _____
 If year of termination, was the employee paid for every work day through the last day of the contract: _____ Yes _____ No _____ N/A
 If No, what was the last work day for which the employee received pay: _____ Paid Through Date: _____

Employer Certification: This form must be signed by **ONLY** the Pastor, Principal or Entity Administrator.

I hereby certify that the above information to be correct.

Pastor, Principal or Entity Administrator Signature: _____ Date: _____

Title: _____ Phone Number: _____

Fax Number: _____ Email Address: _____

Please return this application and required documentation to:

Gabriel, Roeder, Smith and Company

Attn: Aga Krekora

One East Broward Blvd Suite 505

Fort Lauderdale, FL 33301

Phone: 954.527.1616 | Fax: 954.525.0083