

Catholic Diocese of Evansville Benefit Determination Request

Employing Location _____

Participant Information

Name _____ E-mail: _____

Address _____ Phone #: _____

City _____ State _____ Zip Code _____

Date of Birth _____ Social Security Number _____

Date of Hire (mm/dd/yyyy) _____ Date of Event (mm/dd/yyyy) _____

Payment Date _____

Reason for Calculation

Retirement Termination Death Estimate

Marital Status

Married Single Divorced, If so was there a QDRO? Yes or No

Spouse's Information (If Applicable)

Name _____ Social Security Number _____

Date of Birth _____ Relationship _____

Compensation and Hours Information --- (For Final Plan Year Worked)

Compensation Paid \$ _____ Hours Worked _____

Plan Administrator

Date _____

By _____