



Pension – MILITARY

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining your eligibility for Unemployment Insurance.

Claimant Name: _____

Employer Name where receiving pension: _____

Last 4 Digits of your Social Security #: _____ Date completing questionnaire: _____

Claimant Statement

1. Did you apply for or are you receiving a military retirement pension? YES NO

If yes, please provide the following:

1. Date of retirement (mm/dd/yyyy): _____

2. Date applied for pension(mm/dd/yyyy): _____

3. Effective date of pension (mm/dd/yyyy): _____

4. Gross amount of current payment \$ _____

5. How is the pension distributed to you? Monthly Yearly

2. Did you apply for or are you receiving a military disability pension? YES NO

If yes, please provide the following:

1. What percentage of your retirement pay is disability pay? _____

2. Effective date of disability pay (mm/dd/yyyy): _____

3. Gross amount of current disability payment \$ _____

4. How is the pension distributed to you? Monthly Yearly

5. Is any portion of this pension paid by the Veterans Administration (VA)? YES NO

If yes, please provide information below:

a. Effective date of VA pension _____

b. Gross amount of current VA payment \$ _____

c. How is the pension distributed to you? Monthly Yearly

NOTIFICATION

I understand that I must notify the department should my pension amount change (i.e. COLA) AGREE

I hereby certify that, to the best of my knowledge and belief, the information I have provided is true. YES NO

Signature: _____