



Rhode Island Department of Labor and Training  
**Unemployment Insurance - Central Adjudication Unit**  
 P.O. Box 20067, Cranston, RI 02920  
 Fax: 401-462-8318



**Pension – MILITARY**

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining the claimant's eligibility for Unemployment Insurance.

Claimant Name: \_\_\_\_\_ Last 4 Digits of Claimant's Social Security #: \_\_\_\_\_  
 Employer Representative Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Employer Representative Title: \_\_\_\_\_ Date completed Questionnaire: \_\_\_\_\_  
 Are you authorized to provide a statement on behalf of the company?  YES  NO

**Employer Statement**

1. Is this individual applying for or receiving a military pension/retirement pay?  YES  NO  
*If no*, skip the remaining questions.  
*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 the individual?  Monthly  Yearly

2. Did the individual apply for or is the individual receiving a military disability pension?  YES  NO  
*If yes*, please provide the following:  
 1. What percentage of the 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 the individual?  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 the individual?  Monthly  Yearly

3. Since retiring, has the individual returned to work for the military?  YES  NO  
*If yes*, did this additional employment increase the amount of the individual's pension?  YES  NO  
*If yes*, what is the increase to the pension amount per year? \$ \_\_\_\_\_

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