



Pension – PRIVATE OR GOVERNMENT

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 pension/retirement pay from your firm? YES NO

If no, skip the remaining questions.

If yes, please provide the following:

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

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

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

5. Gross amount of payment \$ _____

6. How is the pension distributed to the individual? Monthly Yearly Lump Sum
 If claimant is receiving a "Lump Sum Only", please skip to LUMP SUM section

7. Did the individual contribute to the plan? No, 100% Employer Funded Yes, individual contributed

8. Did the individual receive a lump sum payment? YES NO
If yes, please continue

Lump Sum Pension:

1. Pension or plan type for the lump sum payout: Profit Sharing 401K Other: _____

2. Gross amount of lump sum: \$ _____

3. Date of lump sum payout: \$ _____

4. Effective date of rollover, if any (mm/dd/yyyy): _____

5. Amount of rollover: \$ _____

6. Did the individual contribute to the plan? No, plan is 100% Employer Funded Yes, individual contributed

7. Is the individual receiving any other pension or retirement plans? YES NO

a. If "yes" please provide information below

Type: _____ Amount: \$ _____ Effective Date: _____

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Since retiring, has the individual returned to work for the same company? YES NO

a. **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: _____