

## **NORWALK CITY EMPLOYEES' PENSION FUND**

### **PLEASE READ BEFORE COMPLETING THE ENROLLMENT APPLICATION**

It is necessary that an Enrollment Application be completed by each employee to be covered under the Pension Fund. The Enrollment Application will serve as a permanent record and will include your designation of beneficiary and information concerning your dependents. If you fail to complete and submit an application to the Personnel Department, any claim you may have may be denied or delayed.

The following instructions for filling out the application should be followed carefully:

1. Please complete the enrollment application in ink.  
All responses should be printed.
2. The full name of your spouse and the names of all unmarried children under 19 years of age should be listed as your dependents under Item 8. For each dependent listed, you must include their date of birth and relationship to you. If you have no dependents, the word "**NONE**" should be written.
3. Be sure that you include the address and relationship of any beneficiary you designate under Item 10 and give the full name of your beneficiary. For example, if the beneficiary is a woman, her name should appear as "Mrs. Mary Williams"; "Mrs. John Williams".
4. Your signature should appear in longhand under Item 11.  
**DO NOT PRINT YOUR NAME.**

## **PROOF OF AGE**

In order to become enrolled in the Norwalk City Employees' Pension Fund, you are required to produce proof of age. The following is a list of the documents that may serve as proof of age. We prefer you provide an original birth certificate. It is recognized of course, that in many cases a birth certificate will not be available. In that case, you should secure the next best type of proof. Additional proof of age may be required if the document which you submit is not convincing proof.

You must provide the original for any of these documents. If the original is not available, you should contact us to discuss the situation.

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such records.
3. Notification of registration of birth in a public registry of vital statistics.
4. Hospital birth record, certified by the custodian of such records.
5. Naturalization record.
6. Immigration papers.
7. Military record.
8. Passport.
9. A foreign church or government record.
10. School record, certified by the custodian of such record.
11. Marriage record showing date of birth or age (applications for marriage license or church records) certified by the custodian of such record or marriage certificate.



# ELECTION OF MODE OF DEATH BENEFIT PAYMENT

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

Department or Agency: \_\_\_\_\_

**(CHECK ONE ONLY)**

- Lump Sum Payment
- Equal Monthly Installments for 36 months
- 25 % payable in a Lump Sum upon application for death benefits, with remaining 75% payable in Equal Monthly Installments for 36 months.

I understand that I may change my designation beneficiary at any time by filing the proper form with the Board of Trustees. I further understand that in the event my designated beneficiary does not survive me, the Death Benefits shall be paid in a lump sum to my estate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personnel Department Employee Signature