



To: Pension Plan Participants

From: Debbie Cerrato

The following information is required to prepare the benefit calculation for retirement. If you have any questions, please contact me at 860 668-3851. This completed form should be mailed to:

Town of Suffield
Finance Dept.
Attn: Deborah Cerrato
83 Mountain Rd.
Suffield, CT 06078

Or emailed to: dcerrato@suffieldct.gov

Name of Employee: _____

Employee Social Security Number: _____

Employee Date of Birth: _____

Name of Spouse: _____

Spouse's Social Security Number: _____

Spouse's Date of Birth: _____

Anticipated Date of Retirement: _____

Employee Address: _____
