

**RETIREMENT PLAN FOR LAY EMPLOYEES OF
THE DIOCESE OF ALTOONA-JOHNSTOWN**

REQUEST FOR DISTRIBUTION CALCULATION

Parish/School: _____

Is this location frozen? No Yes [only provide salary through freeze date]

Type of Calculation: Termination Retirement Estimate Other
(If Other, please explain) _____

Participant Name: _____

Mailing Address: _____

Phone Number: _____

SSN: _____ Email Address: _____

Date of Birth: _____ Date of Hire: _____

Last Day Worked: _____ Retirement Date: _____

Breaks In Service: _____

Marital Status: _____ (Married, Single, Widowed)

If married, provide Spousal Information

Spouse's Name: _____

Spouse's SSN: _____ Spouse's Date of Birth: _____

Diocesan Wages:

*In order to avoid delays in processing, please include documentation to support information provided in this section.

	<u>Year</u>	<u>Wages</u>
Total for current year up to retirement or termination date:	_____	_____

Last year's wages from W-2:	_____	_____
-----------------------------	-------	-------

How many hours per week have you worked? _____

Participant Signature

Date

Return Completed Form to: Lynette McEvoy, PHR, SHRM-CP
Director of Human Resources
Diocese of Altoona-Johnstown
2713 West Chestnut Ave. Altoona, PA 16601
Phone: (814) 695-5579 ext. 2613
Fax: (814) 949-8234
E-mail: LMcEvoy@dioceseaj.org