



**Finance Department
Payroll Division
245 deKoven Drive
Middletown, CT 06457**

Middletown City Employees' Pension System
(All answers to be printed or typewritten)

Name: _____

Home Address: _____

Department: _____ Title: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Date of entering service of City: _____

Service Record—(Periods during which you worked in various departments)

Dates		Department	Title
Started	Ended		

Have you ever been absent from service for the City for a period of one year or more? _____ If answer is Yes, list the periods of such absences and the reasons for them below.

In your years of employment, has there been any year in which you were not in actual service for the City for at least nine months? _____ If your answer is Yes, list the years of employment during which you were in actual service for less than nine months, the periods of absence in those years and the reasons therefore:

Beneficiary	Relationship

I hereby make application to participate in the Middletown Retirement System. If accepted I will comply with all of the provisions of the Plan and Ordinances creating the same.

Signature _____

Date _____