

CITY OF MARIETTA PENSION VERIFICATION FORM- 2017

Full Name: _____ Phone # _____
Retiree/Survivor (name of the person receiving benefits)

Date of Birth: _____ Last 4 digits of Social Security Number: xxx-xx-_____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Email Address: _____

Are you the retiree who retired from the City and are now receiving a pension from the City of Marietta?
() Yes () No

If no, are you named as the survivor on the original application that entitles you to survivor's benefits?
() Yes () No

Please provide emergency contact information below:

Contact Name: _____ Phone #: _____

Relationship to Retiree: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Email Address: _____

If this form is completed by someone other than the retiree, is the retiree still living? () Yes () No
If yes, must submit documentation showing power of attorney and/or court order of guardianship or incompetency.

This is to certify that the information above is true to the best of my knowledge and that I will contact the City of Marietta as soon as possible with any changes in status. If someone other than the retiree completes this form, that person is responsible for certifying that the above information is true and should sign and date this form in the appropriate signature block below.

Signature of Retiree/Survivor/ Responsible Party (if applicable)

Date

Relationship to Retiree

REQUIRED

Sworn to and subscribed before me
this _____ day of _____, 20__

Seal

Expiration Date _____

Notary Public