

## CITY OF NEW HAVEN POLICEMEN AND FIREMEN'S PENSION FUND (P&F)

## EMPLOYEES' CENSUS BLANK & APPLICATION FOR PARTICIPATION IN PENSION FUND

Employee Name:			Date of Birth:
	st	First M.I.	
	Dept Phone Number:		
			itle:
Date of Employment:		Local:	
SERVICE RECORD – Perio	ds during which you worked in v	various agencies, if any)	
DA STARTED	ATES TERMINATED	DEPARTMENT	POSITION TITLE
Spouse Information  Name (Last, First, M.I.)		Social Security Number	Date of Birth
Child/Children Informat	tion_		
Name (Last, First, M.I.)		Social Security Number	<u>Date of Birth</u>
Employee Signature		Date	

**IMPORTANT:** Send original only to the Policemen and Firemen's Pension Fund 200 Orange Street, 4<sup>th</sup> Floor, Suite 405, New Haven, CT 06510

Retain one copy in Pension Office file

P&F Ed. 5/2024