



SUMMA HEALTH RETIREMENT INCOME PLAN & TRUST

Application to Commence Retirement Benefit – or – Request an Estimate

PLEASE SELECT ONE:

- Application for retirement at age _____, my last date to work will be: _____.
You are an active employee who is retiring and your first pension check will be the 1st of the month following your last day to work. (Requires 60 day notice to ensure adequate processing time.)
- Application for retirement at age _____, - or - commence pension on: _____.
You have previously terminated employment and now wish to start your pension payments. (Requires 60 day notice to ensure adequate processing time.)
- Request an estimate for retirement at age _____, - or - commence pension on: _____.
Benefit estimates will be provided within 30 days and mailed to your home.

PLEASE COMPLETE:

Name: _____
first middle last other last name

Address: _____
street city state zip

Phone: _____
home cell work

Social Security #: _____ Date of birth: _____

Employee #: _____ Date of hire: _____

Department: _____ Last day worked: _____

Location (circle one): ACH STMC CFGH Check one: Full-time or Part-time

I am: married single widowed divorced

My pension is /or is not subject to a Qualified Domestic Relations Order (QDRO) in relation to a divorce decree.

Are you receiving long-term disability benefits? yes no Benefit start date: _____

Have you applied for long-term disability benefits? yes no

Spouse's name (first, middle, last): _____

Spouse's Social Security #: _____ Spouse's date of birth: _____

Please note: Upon your request to commence your retirement benefit we will require copies of all pertinent documentation: birth certificate for you and your spouse, marriage certificate, divorce decree or QDRO if applicable.

Employee signature: _____ Date: _____

Please return this form to:
Summa Health, HR-Retirement Plan Administration, 1077 Gorge Boulevard, Akron, OH 44310