

CITY OF NEW HAVEN CITY EMPLOYEES' RETIREMENT FUND (CERF)

EMPLOYEES' CENSUS BLANK & APPLICATION FOR PARTICIPATION IN PENSION FUND

Employee Name:	ast	First	Date of Birth:	
	·			
Social Security Number:		Personal Email Add	dress:	
Home Phone Number:		Dept Phone	Number:	
Department:		Title:		
Date of Employment:		Local:		
SERVICE RECORD – Perio	ods during which you worked in va	arious agencies, if any)		
D. STARTED	ATES TERMINATED	DEPARTMENT	T POSITION TITLE	
Spouse Information Name (Last, First, M.I.)		Social Security Nun	mber Date of Birth	
<u>Child/Children Information</u> <u>Name (Last, First, M.I.)</u>		Social Security Nun	mber Date of Birth	
Employee Signature		Date		

IMPORTANT: Send original only to the City Employees' Retirement Fund 200 Orange Street, 4th Floor, Suite 405, New Haven, CT 06510

Retain one copy in Pension Office file

CERF-3 Ed. 4/2024