

IN THE COMMON PLEAS COURT OF HURON COUNTY, OHIO
DOMESTIC RELATIONS DIVISION

PENSION INFORMATION SHEET

Attorney Name: _____

Employee Name: _____

Date of Birth: _____

Date of Marriage: _____

Date for Beginning Employment: _____

Last date of work if not a current employee: _____

Evaluation Date(normally the hearing date): _____

Normal Retirement Age: _____

SSN (last 4 digits only): _____

Pension Plan Name: _____

Pension Plan Address: _____

Pension Plan Phone: _____

Please provide the last benefit statement (Should be no older than a year!) ERISA requires one a year. The statement must have an accrued benefit section. That is the amount of yearly pension the employee will receive at normal retirement age if he/she were to terminate their employment at this time.