



Diocese of Knoxville Lay Pension Plan Information Sheet

Today's date: _____

SSN: _____

Date you want to begin collecting: _____

Date of Birth: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email address: _____

Currently employed at: _____

Prior diocesan employment (if any): _____

Current *calendar* year's expected total wages: \$ _____
(only if still employed in the diocese)

Signature of bookkeeper/business manager

Spouse Name: _____

Spouse DOB: _____

Spouse SSN: _____

Other pertinent information? _____

Return to:
Office of Employment Services & Benefits
Diocese of Knoxville
805 Northshore Drive
Knoxville TN 37919

Employee signature