



# 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

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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