

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.**