
The Phoenix Benefits Group, Inc.

Pension Evaluation Form

Participant Name _____

Alternate Payee _____

Social Security # _____

Social Security # _____

Date of Birth _____

Date of Birth _____

Date of Employment _____

Date of Marriage _____

Date of Separation _____

Date of Termination of Employment _____

Represented By:

Attorney Name _____

Attorney Name _____

Address _____

Address _____

Case Number (if available) _____

County filed _____

Pension Plan Name _____

Accrued Benefit as of:

(a) Date of Separation _____

(b) Date of Marriage _____

Also, please include the following information regarding the pension plan:

1. Summary Plan Description
2. Defined benefit calculation from Plan Administrator
3. Defined contribution plan: all post-separation account statements
4. Identify which party is plaintiff/defendant