



General Employees Retirement Fund

Bob Buckhorn, Mayor

INCOME VERIFICATION

GE #: _____ DATE: _____ SS# ENDING: XXX-XX-_____

NAME OF PERSON RECEIVING CHECK:

Name: (Last) _____ (First) _____ (Middle Initial) _____

Address: _____ City _____ State _____ Zip _____

The above named recipient receives a gross monthly benefit of:

\$ _____

COLA of _____% every (Month/Day) _____

This is a lifetime benefit which became effective on:

(Month/Day/Year) _____

If you require additional information, please contact:

Andrea Noriega, GE Pension Plan Supervisor, at (813) 274-8136.

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