

**Diocese of Worcester**

**Employment Transition Program - Benefit Claim Form**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

E-mail Address: \_\_\_\_\_

Work Location \_\_\_\_\_

Date of Hire \_\_\_\_\_ Last Day Worked \_\_\_\_\_

Final Rate of Pay: \$ \_\_\_\_\_ per week or \$ \_\_\_\_\_ per hour

Have you worked at another Diocese of Worcester location during the past year?

Have you worked at other employment during the past year?

Are you currently working (Full or Part Time)?

If you answered yes to any of these three questions, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Reason for separation:

\_\_\_\_\_  
\_\_\_\_\_

**Please mail or email the completed form to:**

Corporate Cost Control  
Attn: Sally Goodwin  
P.O. Box 1180  
Londonderry, NH 03053  
Tel: 800-207-6926 x426  
Fax: 603-845-1956  
Email = [sgoodwin@corporatcostcontrol.com](mailto:sgoodwin@corporatcostcontrol.com)

