

**VERIFICATION OF PENSION COMPENSATION**

To: Maggi Whalen  
Human Resource Administrator – Benefits  
Central Hudson Gas & Electric  
284 South Ave  
Poughkeepsie, NY 12601  
Office: 845-486-5224  
Fax: 845-486-5415

INFORMATION BEING REQUESTED:

Current monthly gross amount of pension: \$ \_\_\_\_\_

Estimated Social Security Award \$ \_\_\_\_\_

Pensioner Name: \_\_\_\_\_  
(please print)

I hereby authorize the release of this information to be given to:

**Central Hudson Employees Federal Credit Union**

\_\_\_\_\_  
Signature of Pensioner

\_\_\_\_\_  
Date