



Diocese of  
COVINGTON

## Authorization to Cease Withholding Contributions

Plan Name: Employees' Pension and Investment Plan of Diocese of Covington  
and Other Adopting Employers

Please print or type the information below.

### Participant Information

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Participant Name \_\_\_\_\_

Employer: \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

What is the last payroll date contributions are to be withheld? \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

For questions, please contact Nyhart.

Please mail completed forms to:

Noreen Brown  
Phone: 888-901-2090  
Email: noreen.brown@nyhart.com

Payroll Department  
Diocese of Covington  
1125 Madison Avenue  
Covington, KY 41011-3115  
payroll@covdio.org  
Fax: 859-392-1589