



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

Participant Name _____

Employer: _____

Date Of Birth _____ Social Security Number _____

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

Participant's Signature

For questions, please contact the
Nyhart Administration Team at:

Phone: 888-901-2090
Email: CovLex@nyhart.com

Date

Please send completed forms to:

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