

Request for Retirement Estimate

Purpose of the Form

- Use this form to request a retirement estimate.

Instructions

- Complete the form in blue or black ink.

Member Information			
Full Name			Social Security #
Street or P.O. Box		Apt. #	Employee #
City		State	Zip Code
Daytime Phone Number (with area code)		Work Phone Number (with area code)	

Retirement Information		
Retirement date(s) for which you would like an estimate:	Date #1 - mm/dd/yyyy	Date #2 - mm/dd/yyyy
Accumulated, unused sick leave as of the date of retirement:		Hours

Service Purchase Information	
Time prior to membership (pick-up):	Date - mm/dd/yyyy
Redeposit:	Date - mm/dd/yyyy
Prior public service: Public Agency _____ Military Branch _____	Date - mm/dd/yyyy
Leave of absence:	Date - mm/dd/yyyy
Service conversion:	Date - mm/dd/yyyy

Other Comments

RETIREMENT STAFF USE ONLY		
Received by:	Name:	Date - mm/dd/yyyy