

## **REQUEST FOR ESTIMATE OF RETIREMENT BENEFITS**

Please complete the following form so we will have all the information necessary for computing your service retirement estimate. Estimates will be returned via email unless otherwise requested.

**Return the form to Claudine Cloutier, Human Resources Department.**

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Name \_\_\_\_\_

School/Department \_\_\_\_\_

Anticipated Retirement Date (1<sup>st</sup> of the month only; e.g. 07/01/09) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Have you purchased any prior service credit? \_\_\_\_\_

If so, how many years \_\_\_\_\_ and months \_\_\_\_\_?

Do you plan on purchasing any prior service? \_\_\_\_\_

If so, how many years \_\_\_\_\_ and months \_\_\_\_\_?

**Please check the type(s) of Retirement for which you wish to receive an estimate:**

- \_\_\_ Basic Benefit (For member's lifetime only; no monthly benefit to survivor)
- \_\_\_ 100% Survivor Option (maximum reduction for member; 100% to survivor)
- \_\_\_ 50% Survivor Option (smaller reduction for member; 50% to survivor)
- \_\_\_ Special Survivor Option (Specify *whole* percent) \_\_\_\_\_%

If you have checked the 100% Survivor Option, 50% Survivor Option, or Special Survivor Option, **please list the name and date of birth of the person you wish to designate as your contingent annuitant:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

### **OFFICE USE ONLY**

DOB: _____	DOH: _____
AC (1): _____	LOA: _____
AC (2): _____	VRS MD: _____
AC (3): _____	VRS MOS: _____
AC (4): _____	VRS A/O: _____