

REQUIREMENTS:

- Estimated retirement date may not exceed 3 years from date of request.
- Must be within 3 years of retirement eligibility.
- May receive (1) estimate within a 12-month period.

RETIREMENT BENEFIT ESTIMATE REQUEST

Regular Retirement

Disability

DROP Retirement

Post-DROP

Member Name:		Today's Date:	
Mailing Address:		Telephone Number:	
Email Address:		SSN – Last 4:	
Name of Employer:			
Beneficiary Date of Birth:		Relationship to Member:	
Estimated Effective Date for Retirement or DROP entry (List only ONE date):			
ESTIMATES REQUESTED: PLEASE CHECK ALL THAT APPLY			
<input type="checkbox"/>	Regular retirement: Maximum Benefit (highest benefit; no spousal benefit upon death of member)		
<input type="checkbox"/>	Regular retirement: Option 2 (spouse receives same member benefit upon death of member)		
<input type="checkbox"/>	Regular retirement: Option 3 (spouse receives 50% of benefit upon death of member)		
<input type="checkbox"/>	Regular retirement: Option 4 (beneficiary is not a spouse) PLEASE NOTE: OPTION 4 PAYMENTS FOR BENEFICIARIES OTHER THAN A FIRST DEGREE RELATIVE (A PARENT, CHILD OR FULL SIBLING) MUST BE APPROVED BY THE BOARD ON AN INDIVIDUAL BASIS AT THEIR QUARTERLY BOARD MEETING WHICH OCCUR IN MARCH, JUNE, SEPTEMBER AND DECEMBER OF EACH YEAR.		
Please indicate the number of months you plan to participate in DROP, up to 36 months.			

OVERTIME PAY: Do you earn overtime pay? Yes No If yes, list the amount of overtime, BY MONTH, for the 7 years before your anticipated retirement date. If this information is not provided, **it will NOT be considered in this estimate calculation and may negatively impact your result.**

Specify year here>>>>>>>>	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7 (current)
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

SERVICE CREDIT: Do you have ANY periods of leave without pay during your service? Yes No
If yes, list the exact dates below.

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By signing this document, I hereby acknowledge that this is an ESTIMATE provided for informational purposes only and in no way constitutes a contract between myself and PERS. I further acknowledge that the Louisiana Revised Statutes and Constitution, relevant Federal Regulations and Laws, as well as the official PERS Board policies shall serve as the guide to payment of benefits to members participating in PERS. I understand that prior to retirement all figures, including service credit, will be confirmed by the PERS actuary. I understand that estimates may take up to six weeks to process.

Member Signature

Employer Representative