



ESTIMATE FOR RETIREMENT PENSION BENEFIT
Request Form (Tier I)

Pension Fund Name: \_\_\_\_\_

Member's Legal Name (include middle initial): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

ANNUAL PENSIONABLE SALARY

Table with 2 columns: Description, Amount (\$). Rows include Base Salary, Longevity, Education, Holiday (If Appl.), Other (List Type), and Total.

CREDITABLE SERVICE

Date of Hire (Entry Date): \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_

Effective Date of Pension: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Usually a Pension begins the latter of: Member's 50th Birthday - Or - First day after the Last Day Worked)

UNPAID BREAKS IN SERVICE

Total Number of Days: \_\_\_\_\_

List Exact Dates: \_\_\_\_\_

Please send the estimate calculation to the following address:

Email Address (Please Print Clearly): \_\_\_\_\_

OR

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

By signing below, I certify that the information above is accurate to the best of my knowledge. I understand this is an estimate only and not an application for benefits. My final benefit may differ from this estimate pending my formal application to the Pension Board of Trustees.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_