

# ERS Benefit Estimate Request

## Instructions

**For faster service, you can complete a Benefit Estimate Request by logging in to your ERSGA secure account.**

### Sections 1 and 4: Your Information and Signature

Complete all information, sign and date.

- I understand I am requesting a Benefit Estimate using the beneficiary named in Section 3.
- If you want a Benefit Estimate for a different beneficiary, attach the beneficiary information to the form below.
- I understand submitting this form does not change my beneficiary, and is for calculation purposes only.

### Section 2: Benefit Estimate Request

Complete this section with the following information:

1. Choose the type of retirement you wish to have calculated:
  - Service Retirement
  - Disability Retirement
2. The date, years service, or age at which you wish to retire
3. PLOP: If you wish to take a Partial Lump Sum Payment, enter PLOP amount

### Section 3: Calculation Data

Enter other data needed to calculate your Estimate:

- Current monthly salary with the date of pay
- Services Purchases: Amount of service you plan on purchasing
- Benefit Escalation: Choose whether you would like estimates with a 2% yearly escalation and without.
- Primary Beneficiary(ies) information

**Online:** To use this form, complete, sign, and upload.

Upload by scanning the documents (use a home scanner or mobile app), log in to your ERSGA account at [ers.ga.gov](https://ers.ga.gov), and click on the *File Upload* link. Allow two business days after uploading a document for it to be available to ERSGA staff.

**Fax:** Complete, sign, and fax this form to: 404.350.6308 or 404.350.6310

**Mail:** Complete, sign, and mail this form and any other required documentation to:

ERSGA  
Two Northside 75, Suite 300  
Atlanta, GA 30318-7778



## ERS Benefit Estimate Request Form

### Section 1: Member Information

**For faster service, you can complete an instant Benefit Estimate by logging in to your ERSGA Account.**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Section 2: Benefit Estimate Request

Retirement Type:      Service      Disability  
 Forecasting Methods:      Age      Retirement      Service  
 Age at Retirement: \_\_\_\_\_ Years      \_\_\_\_\_ Months  
 Total Service at Retirement: \_\_\_\_\_ Years      \_\_\_\_\_ Months  
 Total Service at retirement – this service is actual service worked and any previously purchased service. Does not include Forfeited Leave, Air Time, or any service you purchase before retirement.  
 Retirement Date: \_\_\_\_\_ (must be the first of the month)      Last Working Date: \_\_\_\_\_  
 PLOP amount, if applicable: \$ \_\_\_\_\_ (multiples of 1,000)

### Section 3: Calculation Data

Current monthly salary: \$ \_\_\_\_\_ as of this date: \_\_\_\_\_  
 Current leave balance in hours: Sick leave \_\_\_\_\_ Forfeited Annual + Forfeited Sick \_\_\_\_\_  
 If applicable, include the following type of service purchase:  
     Refund buyback      Military      Other (Specify) \_\_\_\_\_  
 Other instructions: \_\_\_\_\_  
 With Benefit Escalation?      Yes      No

**Beneficiaries:**

First Name: _____	First Name: _____
Middle Initial: _____	Middle Initial: _____
Last Name: _____	Last Name: _____
Relationship to: _____	Relationship to: _____
Date of Birth: _____	Date of Birth: _____

### Section 4: Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_