ERS Benefit Estimate Request

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 of 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, 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: _____