



BENEFITS ESTIMATE REQUEST FORM

Information for this form may be typed directly onscreen before printing.

SECTION 1 - MEMBER INFORMATION

Retirement Plan Type _____ Date of Birth _____ SSN _____

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone Number (no dashes) _____ Home Phone Number (no dashes) _____

Employer _____ Email address _____

SECTION 2 - REQUEST

Choose the type of estimate(s) you want

Service Disability (ERS, JRS, & PSERS only) Death-In-Service

Based on the following choices:

Retire on this **Date** _____ Retire with these **Years of Service** _____ Retire at this **Age** _____

SECTION 3 - ESTIMATE DATA

Current Monthly Salary \$ _____ as of this date (MM/DD/YYYY) _____

Current Leave Balances in Hours (For ERS members only)

Sick Leave _____ Forfeited Annual + Forfeited Sick _____

Primary Beneficiary's Name _____

Beneficiary's Birthdate _____ Beneficiary's Relationship to you _____

If you have more than one primary beneficiary, provide the same information for each beneficiary.

If applicable, assume the following types of **service purchases** Repayment of a refund Military Service
 Other service purchase (specify) _____

PLOP Payment Amount (if applicable) \$ _____ **For ERS only.** Check our website for more information on PLOP payments.

Other Estimate Instructions _____

You can download copies of our Service and Disability Retirement Application Packages from our website www.ers.ga.gov. Send this completed form to the address listed at the bottom of this page.

SECTION 4 - SIGNATURE

Signature _____ **Date** _____