



## Retirement Estimate Request

**This is not an application for WCERS Retirement Benefits.** Your written estimate of your WCERS retirement benefits will be provided within 90 days or as soon as administratively feasible. The written estimates will be mailed to the mailing address provided or to your personal e-mail address provided below.

**The estimates provided are not a guarantee of benefit amounts. This estimate is provided for planning purposes only. No more than 1 estimate will be provided for any 12-month period.**

Member Information			
Name (First, M.I., Last)		Social Security Number	Date of Birth
Employee ID Number	Position/Title	Retirement Plan	Department/Division
Seniority Date	Approximate Years of Service	Union Local	Daytime Phone
Email Address (please check here if you wish to have your estimate emailed to you <input type="checkbox"/> )			
Mailing Address			
City	State	Zip	

Retirement Type	
Estimated Date of Retirement (we recommend the 1 <sup>st</sup> of the month) _____	
Type of Retirement	
<input type="checkbox"/> Service <input type="checkbox"/> Incentive <input type="checkbox"/> Deferred <input type="checkbox"/> Duty Disability <input type="checkbox"/> Non Duty Disability	
Survivor Information	
Beneficiary Name (First, M.I., Last)	
Date of Birth	Relationship

Office Use Only	
Date Received	Processed By