



Dear Retirement Fund Member:

This is in response to your recent request for an estimate of your future retirement benefit. Please complete the following to assist this office in calculating your benefit.

Print Name: _____ Signature: _____

Last Four (4) of Social Security Number: ____ _

Badge/ Employee #: _____

Home Address: _____

Home Phone Number: _____

Email Address: _____

Date(s) of Retirement: _____

Total vacation applied to estimate on retirement date: _____
(current + accrual) or (carryover + current - TEA, STW and Execs only)

Have you worked since January 1 of this year
without any breaks in service? (circle one) Yes No
[If no, please explain] _____

What total amount of time (if any) has been lost due to breaks in service for suspension, discharge, exhausted sickleave, etc. _____

Accumulated sick leave, in days (if applicable): _____

What is your bi-weekly base pay? \$ _____

If you are interested in a continuing benefit for a beneficiary, please provide beneficiary's name and date of birth:

Beneficiary's Name

Date of Birth

