

Estimate Request

Important: Read instructions before you complete and submit the enclosed form.

General instructions

- Fill in the personal information block in Section A completely. If you do not know your PERS number, leave it blank.
- Type or print clearly in dark ink. Illegible forms may be returned, which could delay your request.
- Sign and date at the bottom of the form, and mail or fax the form to PERS.

Section B: Retirement date

Enter the month and year you wish to retire. For example, you could use the month after your anticipated last day of employment. You may only use one date per form. If you want an estimate for more than one date, fill out additional forms. If you want to retire with 30 years of service, you may enter “retire with 30 years.” **Only two estimates will be provided free of charge in a calendar year. (Note: We can only provide estimates for retirement dates within the upcoming 24 months.)**

Section C: Beneficiary

Enter the first name of your beneficiary (no last name required) and his or her date of birth so we can provide the full and half-survivor options. If you leave this section blank or if you enter an estate or trust, survivorship options are not available. The younger your beneficiary is, the lower your survivor option benefits will be. (Survivor options include Option 2, 2A, 3, and 3A.) This beneficiary information does not change your official beneficiary designation.

Section D: Unused vacation and compensatory hours

Enter the number of **unused vacation hours and compensatory (comp) time** you expect your employer to compensate you for when you terminate employment. Enter hours as whole numbers; not as fractions of an hour. Enter your basic hourly rate of pay as dollars and cents. **Unused vacation and compensatory hours** may often be found on your check stub. Review your employment contract or check with your employer for any limitations on the number of hours for which you may be paid.

Section E: Unused sick leave hours

If your employer participates in the PERS **unused sick leave** program, enter the number of hours of unused sick leave you expect to have when you terminate employment. Do not include the number of unused sick leave hours you expect your employer to compensate you for when you leave your position.

Review your employment contract or check with your employer to find out if it participates in the PERS sick-leave program.

Section F: Purchases

Provide any additional information that may help us provide you with an estimate to help you make a retirement decision. **Example:** “I want to purchase four years of prior military time. Enclosed is a copy of my military discharge form,” or “I want to purchase four years of state teaching time from the Billings, Montana Public School System. I worked from September 4, 1975, to June 15, 1980.” Most purchases must be made prior to retirement. [See purchase information in the Forms/Publications section of the PERS website.](#)

For P&F, the Unit Benefit effective date is the date your P&F Unit benefit begins. For example, you may want to consider using the first of the month after reaching age 59½ for tax purposes. For more information about tax implications, consult a tax advisor.

Section G: Current or last PERS employer

Enter the name of your current or last PERS employer.

Sign and return the form to:

PERS

PO Box 23700

Tigard OR 97281-3700 or

Fax: Customer Service 503-598-0561

