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**REQUEST FOR BENEFIT ESTIMATE**

Member Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Service Date: \_\_\_\_\_ Pension Number: \_\_\_\_\_

Department: \_\_\_\_\_

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Spouse's Name: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

Spouse's Birthday (MM/DD/YYYY): \_\_\_\_\_

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Member's Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Retirement Date/Last Date Worked (MM/DD/YYYY): \_\_\_\_\_

Years of Service: \_\_\_\_\_ Military Service Credit: \_\_\_\_\_