

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 can be returned to you, which could delay your request.
- Sign and date at the bottom of the form and mail to PERS at PO Box 23700, Tigard OR 97281-3700 or fax to Customer Service 503-598-0561.

Section B: Retirement date and PERS employer name

Two estimates will be provided free of charge in a calendar year. We can only provide estimates for retirement dates within the upcoming 24 months.

- Enter your last day employed.
- Enter the month and year you wish to retire. Retirement dates are always on the first of the month. You may use only one date per estimate request.
- Enter the name of your current or most recent PERS employer.

Important note: We no longer accept estimate requests with “retire with 30 years” entered for the retirement start date. Applications that do not have a date entered for the retirement benefit start date will be returned, which could delay your request.

Section C: Beneficiary information

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

Section D: Unused vacation and compensatory hours at retirement

Enter the number of **unused vacation and compensatory (comp) time hours** you expect your employer to compensate you for when you terminate employment. Enter hours as a whole number, not as fractions of an hour. **Unused vacation and compensatory hours** can 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 can be paid. 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 unused sick leave program.

Section E: Current PERS covered salary information (required)

Enter your most recent PERS-covered monthly and hourly salary so we can calculate your monthly final average salary and the value of your unused sick leave.

Section F: Purchases

All eligible waiting time and refunded time purchases are automatically included in the estimate.

Provide any additional information about purchases you may be eligible for at retirement. **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 before retirement. [See purchase information in the Forms/Publications section of the PERS website](#) for a list and description of purchases.

For P & F: The unit benefit effective date is the date your P & F unit benefit begins. (For example, you might want to consider using the first of the month after reaching age 59½ for tax purposes.) For information about tax implications, consult a tax advisor. If this field is left blank, PERS will use your estimated retirement date as the date your unit benefit payments would begin.

Section G: Contract salary and hours

If you are currently working as a certified teacher under an individual contract to work less than 12 months a year, or if your last PERS-qualifying position was as a certified teacher under contract to work less than 12 months a year, enter your current/last contract salary amount and the number of hours or days you will or have worked under this contract. If you are uncertain of the exact salary or number of hours/days you have worked under the contract, contact your employer for information.



Estimate Request

This form is strictly for the PERS Tier One/Tier Two Program. Call PERS or visit our website if this is not the form you need.

Section A: Member information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name	Social Security number*
Mailing address (street or PO box)			PERS number (optional)
City	State	Zip	Country
Date of birth (mm/dd/yyyy)			
Day phone number	Evening phone number		Email (optional)

Section B: Retirement date and PERS employer name (Note: Only one retirement date per form.)

Last day employed (mm/dd/yyyy)	My retirement date is the first day of (mm/yyyy)
Name of current or most recent PERS employer	

Section C: Beneficiary information

Beneficiary's name	Beneficiary's birth year (yyyy)
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Section D: Unused vacation and compensatory hours at retirement

Vacation/compensatory hours	Sick leave hours
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Section E: Current PERS-covered salary information (required)

Monthly salary	Hourly salary
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Section F: Purchases (Waiting time and refunded time are automatically included if you are eligible.)

Police officer and firefighter unit purchase Date to begin unit benefit payments: _____

Other purchases/requests (Please provide the name of the purchase or the type of purchase.)

Section G: Contract salary and hours (contract teachers only)

Last annual contract salary amount \$	Number of hours/days worked under contract
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All estimates will be processed in retirement date order.

 Signature (do not print) _____
 Date

Office use only	
<input checked="" type="checkbox"/> PERS	<input type="checkbox"/> OPSRP <input type="checkbox"/> IAP
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee
<input type="checkbox"/> Cross reference member SSN	

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.