



Judge Member Benefit Estimate Request

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	E-mail (optional)

Section B: Residency certification

For purposes of this estimate, please assume the following:

- I will be a resident of the state of Oregon when the benefits are paid.
- I will **not** be a resident of the state of Oregon when the benefits are paid.

Section C: 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)
I elect <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B	
Name of current or most recent PERS employer	

Section D: Spouse beneficiary information

Beneficiary's name	Beneficiary year of birth (yyyy)
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Your standard surviving spouse benefit is equal to two-thirds of your retirement benefit. Your benefit estimate includes the following percentages of your retirement benefit that would be paid to your surviving spouse as a lifetime benefit: 66-2/3, 80, 90, and 100 percent.

You can choose a specific percentage instead of the four noted above:

I would like my benefit estimate to be based on my surviving spouse receiving _____ percent of my benefit.

ORS 238.565(4) allows a judge member to increase the surviving spouse pension benefit by electing a reduced retirement allowance. The additional surviving spouse pension is the actuarial equivalent of the reduction in your retirement allowance.

Section E: Additional PERS-qualifying time

Please check any additional PERS-qualifying time you have earned.

- Military Teacher General service Police and firefighter

*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 888-320-7377 or TTY 503-603-7766.