

Estimate Request for Member with a Divorce-Related Account

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

General instructions

- Make sure all sections of the form are completed.
- Type or print clearly in dark ink. Illegible forms could be returned, which could delay your request.
- Do not change anything on the form; alterations will void the form.
- Sign and date the form in Section G and mail it to PERS at PO Box 23700, Tigard OR 97281-3700 or fax it to 503-598-0561.

Section A: Member information

Fill in the member information section completely.

- Enter your name.
- Enter your mailing address.
- Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form.
- If you do not know your PERS number, leave the space provided blank.
- Enter your date of birth in the area provided.
- We advise you to provide your phone number so we can reach you with information or questions about your form. If you prefer not to be contacted by phone, leave that field blank.
- If you do not have an e-mail address or prefer not to be contacted through e-mail, leave that field blank.

Section B Residency information

Please check the box that reflects whether or not you expect to be a resident of the state of Oregon when you begin to receive your retirement benefit. Your estimated benefit will be calculated based your expected residency. Therefore, providing your expected residency will result in a more accurate benefit estimate.

Note: Your state residency at the time you receive benefits may affect a portion of your benefits. You will be required to certify your residency when you apply for retirement benefits. For a further explanation, visit the [PERS website](#).

Section C: Retirement date and PERS employer name

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

- Enter the month, day, and year of your anticipated last employment date.
- Enter the month and year you want to retire in the Date benefit begins box. For example, you could use the month after your anticipated last day of employment. You can only use one date per form, and it must be the first day of a month.
- Enter the name of your current or most recent PERS employer.

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

Section D: Beneficiary information

- If you leave this section blank, we cannot provide estimates for survivorship options. (Survivorship options include Options 2, 2A, 3, and 3A.)
- Survivorship options are not available if your beneficiary is an estate or trust.
- Enter the first name of your beneficiary (no last name is required) and his/her year of birth so we can provide the full- and half-survivorship options.
- The younger your beneficiary is, the lower your survivorship option benefits will be. **Designating a beneficiary for your benefit estimate does not change your current pre-retirement beneficiary designation on file with PERS.**

Section E: Unused sick leave, vacation, and compensatory hours

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.

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.

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

Section F: Purchases

Provide any additional purchase information that can help us provide you with a benefit estimate. **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.

Police and firefighter (P&F): Determine the date you want your P & F unit benefit payments to begin. (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.

All eligible waiting time and refunded time purchases will automatically be included in your estimate.

Section G: Contract salary and hours (for certified teachers)

If you are **currently working as a certified teacher under an individual contract** to work less than 12 months a year, enter the amount of your current salary and the number of hours or days you will work under this contract.

If you are uncertain of the exact salary or number of hours or days you have worked under an individual contract, contact your employer for information.

If you worked as a certified teacher under contract to work less than 12 months a year in your **last PERS-qualifying position**, enter the amount of your last contract salary and the number of hours or days you worked under this contract.

Sign and return the form to: PERS, PO Box 23700, Tigard, OR 97281-3700 or fax it to: Member Services at 503-598-0561.



11410 SW 68th Parkway, Tigard OR 97223
 Mailing Address – PO Box 23700, Tigard OR 97281-3700
 Toll free – 888-320-7377 fax – 503-598-0561
 Website – <http://oregon.gov/pers>



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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		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)	Date benefit begins (mm/yyyy). This is your retirement date.
Name of current or most recent PERS employer	

Section D: Beneficiary information

Beneficiary's first name	Beneficiary year of birth (yyyy)
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Section E: Unused sick leave, unused vacation, and compensatory hours at retirement

Sick leave hours	Vacation/compensatory hours	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 benefit payments: _____

Section G: Contract salary and hours (for certified teachers)

Last annual contract salary amount	Number of hours/days worked under contract
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Estimates are processed in retirement date order.

_____ Date _____
 Signature (do not print)

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