



PERS Additional Estimate Fee Agreement

This form is for all PERS retirement programs. Call or visit our website if this is not the form you need.

Section A: Applicant 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	PERS number (optional)
Mailing address (street or PO box)			Social Security number*
City	State	Zip	Country
Date of birth (mm-dd-yyyy)			
Day phone number	Evening phone number		E-mail (optional)

Section B: Additional estimate request

All estimate requests will be processed in retirement date order.


I understand I must pay \$60 for each additional benefit estimate request exceeding the two free estimate requests allowed within the same calendar year.

I would like to purchase _____ additional estimate request(s) at this time.
(number of)

I have enclosed a completed Estimate Request form and a check in the amount of \$_____ with this form.

Note: We cannot process your request until we receive your payment.

Section C: Signature

 _____
Signature (do not print) _____ Date _____

Office use only	
<input 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	
Check number _____	
Check amount \$ _____	
RA date _____	
Initials _____	

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.