OREGON PERS
PUBLIC EMPLOYEES RETIREMENT SYSTEM

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 – https://oregon.gov/pers

9984B

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	Social Security number (SSN)*
Mailing address (street or PO box)			PERS ID (optional)
City	State	ZIP code / Country	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number	Cell phone number	Email (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).
(number of)

The retirement date(s) is/are _____.

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
☐ PERS ☐ OPSRP ☐ IAP
❑ Member ❑ Alternate payee
❑ Cross reference member SSN
Check number _____
Check amount $_____
RA date _____
Initials _____

Print Form *Clear Fields*

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.**