

Oregon Public Service Retirement Plan (OPSRP) Estimate Request

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

General instructions

- Type or print clearly in dark ink. Illegible forms could be returned, which could delay your request.
- Sign the bottom of the form, and mail to PERS at PO Box 23700, Tigard OR 97281-3700, or fax it to Member Services at 503-598-0561.

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

Fill in the member information section completely.

- Enter your PERS ID. If you do not know your PERS ID, leave the space provided blank. Your PERS ID can be found on your annual statement(s). If you provide your PERS ID, providing your Social Security number (SSN) is voluntary. If you do not supply a PERS ID, you must supply your Social Security number (SSN).
- Enter your mailing address. If you recently moved and you are:
 - currently employed in a PERS-covered position, you must inform your employer of your new address.
 - no longer employed in a PERS-covered position, complete the [Information Change Request](#) form.
- Enter your date of birth.
- Enter your home, work, and cell phone numbers including the area codes. Include an extension number if you have one.
- If you do not have an email address or prefer not to be contacted through email, leave that space blank.

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.

The retirement date must be after the date employed and the date you submit this request.

We are unable to advise exactly when your request will be processed. PERS processes many written benefit estimate requests in retirement date order, with the earliest retirement dates first. Estimate processing time may vary from member to member as each account is different.

- 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 can use only one date per estimate request.
- Enter the name of your current or most recent PERS employer.

Section C: Beneficiary

You may name only one beneficiary.

- Enter the first name of your beneficiary (no last name is required) and his/her date of birth so we can provide the full- and half-survivorship options.
- If you leave this section blank, survivorship options are not available.
- Estates and trusts may not be named as beneficiary for any OPSRP retirement option.
- The younger your beneficiary is, the lower your survivorship option benefits will be. (Survivorship options include full-survivorship, half-survivorship, full-survivorship increase, and half-survivorship increase.)
- **Designating a beneficiary for your benefit estimate does not change your current pre-retirement beneficiary designation on file with PERS.**

Section D: Signature

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



**Oregon
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>



29984

Oregon Public Service Retirement Plan (OPSRP) Estimate Request

This form is strictly for the OPSRP Pension 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 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: Retirement date and PERS employer name

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 | |

** This date must be after the date you submit this request and must be within the upcoming 24 months.

Section C: Beneficiary

You may name only one beneficiary.

| | |
|--------------------|--|
| Beneficiary's name | Beneficiary's date of birth (mm/dd/yyyy) |
|--------------------|--|

Section D: Signature

Signature

Date

*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.

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