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 Toll free – 888-320-7377 Fax – 503-598-0561
 Website – <https://oregon.gov/pers>



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		PERS ID (optional)
Mailing address (street or PO box)					Social Security number (SSN)*
City		State	ZIP code	Country	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number		Cell phone number	Email (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 elected <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B	
Name of current or most recent PERS employer	

Section D: Spouse beneficiary information

Beneficiary name	Beneficiary year of birth (yyyy)
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The standard surviving spouse benefit is equal to two-thirds of a judge member's retirement benefit. ORS 238.565(4) allows a judge member to increase the surviving spouse pension benefit by electing a reduced retirement allowance with the additional surviving spouse pension equating to the actuarial equivalent of the reduction in the member's retirement allowance.

By default, the benefit estimate you will receive 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.

Additionally, 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.

Section E: Additional PERS-qualifying time

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

- Military Teacher General service Police and firefighter

Section F: 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.

ORS: 238.565 Form #459-581 (9/7/2018) SL-3 IIM Code: 9984F